

51031

Vol. M98 Page 82

Quitclaim Deed

Recording requested by:
Armstrong, Fisch and Associates,
A Professional Law Corporation

When Recorded Mail to:
JAMES L. SILK
230 Arc Avenue
Stockton, California 95210

Mail Tax Statements to
the address above

Space above for Recorder's use

Documentary Transfer Tax -0-

APN #:[]

Blk 66, Lot 53, 5th Ad to Nimrod River Park, Klamath County, Oregon

For no consideration, JAMES L. SILK does hereby Quitclaim to JAMES L. SILK, Trustee, or his successors in trust under the SILK LIVING TRUST dated 1/8/92, and any amendments thereto, all his vested interest in and to the following described real property in the County of Klamath, State of Oregon:

BLOCK 66, LOT 53, OF THE 5TH ADDITION TO NIMROD RIVER PARK AS SHOWN
IN OFFICIAL RECORDS OF SAID COUNTY.

Date: 1/8/92

James L. Silk
JAMES L. SILK

STATE OF CALIFORNIA)

COUNTY OF San Joaquin)

ss.

**REVOCABLE TRUST TRANSFER
EXEMPT FROM REAPPRAISAL**

On 1/8/92, before me, the undersigned, a Notary Public in and for said County and State, personally appeared JAMES L. SILK, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

[Signature]
Notary Public



STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Rosemary Silk the 2nd day
of Jan A.D., 19 98 at 2:43 o'clock P M., and duly recorded in Vol. M98
of Deeds on Page 82

Bernetha G. Letsch, County Clerk

FEE \$30.00

By *[Signature]*

Rosemary Silk
230 W. Arc Ave.
Stockton, CA 95210-3732

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		ONE BLACK INK ONLY TWO REPRODUCED, NO DUPLICATIONS OR ALTERATIONS				LOCAL REGISTRATION NUMBER					
1. NAME OF DECEASED—FIRST (LAST)		2. MIDDLE		3. LAST (FAMILY)		4. DATE OF BIRTH—MM/DD/CCYY		5. AGE YRS.	6. SEX	7. DATE OF DEATH—MM/DD/CCYY	8. HOUR
JAMES		LEMOND		SILK		08/20/1910		87	M	11/07/1997 1818	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED			
OK		510-01-5273		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED		14			
14. RACE		15. ETHNIC—SPECIFY		16. USUAL EMPLOYER							
CAUC.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OLIVER IMPORT							
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION							
MECHANIC		AUTO SALES & SERVICE		40							
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
230 ARC AVE.		STOCKTON		SAN JOAQUIN		95210		16		CA	
26. NAME, RELATIONSHIP		27. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)									
ROSEMARY SILK—WIFE		230 ARC AVE., STOCKTON, CA 95210									
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (FAMILY NAME)							
ROSEMARY				TIERSON							
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST						34. BIRTH STATE	
GEORGE		WASHINGTON		SILK						OK	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST						38. BIRTH STATE	
MARY		MILLERS								ARKANSAS	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION									
11/12/1997		SANTA ROSA MEMORIAL PARK, FRANKLIN AVE., AT SILVA, SANTA ROSA, CA 95402									
41. TYPE OF DISPOSITION		42. SIGNATURE OF LIEUTENANT		43. LICENSE NO.							
CR/INT.		<i>[Signature]</i>		7471							
44. NAME OF FUNERAL HOME		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY					
WALLACE-MARTIN FUNERAL HOME		1D-7		<i>[Signature]</i>		11/12/1997 JB					
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY UNIT		50. FACILITY OTHER THAN HOSPITAL		51. COUNTY					
DANERON HOSPITAL		<input checked="" type="checkbox"/> ER <input type="checkbox"/> ICU <input type="checkbox"/> CCU <input type="checkbox"/> OR <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		SAN JOAQUIN							
52. STREET ADDRESS—STREET AND NUMBER OR LOCATION		53. CITY		54. STATE		55. ZIP CODE					
525 W. ACADEMY ST.		STOCKTON		CA		95210					
56. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE, SEE OFFICIAL N.C.S. AND D.)		57. DEATH REPORTED TO CORONER		58. DEATH REPORTED TO CORONER		59. DEATH REPORTED TO CORONER					
IMMEDIATE CAUSE (A) PNEUMONIA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 101											
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 101 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.											
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. (DECEASED ATTENDED SINCE I RECEIVED LAST MEDICAL HISTORY)		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE MM/DD/CCYY					
10/24/1997 10/24/1997		<i>[Signature]</i>		645807		11/16/1997					
118. TYPE ATTENDING PHYSICIAN'S NAME, MARITAL ADDRESS, ZIP		119. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		120. DATE MM/DD/CCYY		121. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
FRED NORMAN, M.D., 7373 N. WEST LANE, STOCKTON, CA 95210		<i>[Signature]</i>									
122. INJURY AT WORK		123. INJURY DATE MM/DD/CCYY		124. HOUR		125. PLACE OF INJURY					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
126. DECEASED HOW INJURY OCCURRED (EVENTS WHICH PRECEDED INJURY)											
127. SIGNATURE OF CORONER OR DEPUTY CORONER		128. DATE MM/DD/CCYY		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER							
<i>[Signature]</i>											
130. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		131. DATE MM/DD/CCYY		132. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER							
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139. SIGNATURE OF CORONER OR DEPUTY CORONER		140. DATE MM/DD/CCYY		141. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER							
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