

STATE OF OREGON, County of Klamath:

Julieta E. Reyes, of legal age, being first duly sworn, says:

On August 11, 1998, Conrado D. Reyes and Julieta E. Reyes, as Trustor(s), by a Trust Agreement created the Conrado and Julieta Reyes Trust Agreement;

On August 11, 1998, the said Trustor(s) executed a Quitclaim Deed, which Deed was recorded on August 17, 1998, as Instrument No. 64620, Volume M98 of Deeds, Page 30157 in the Official Records in the office of the Klamath County Recorder, conveying to Conrado D. Reyes and Julieta E. Reyes as Trustee(s) of the said trust the following described property:

Lot 4, Block 131, and Lot 19, Block 130, Klamath Falls Forest Estates, Highway 66 Unit, Plat 4

On October 8, 1998, Conrado D. Reyes, one of the said Trustee(s), and the same person as the decedent identified in the attached certified copy of Certificate of Death, died;

The said Trust Agreement provides that Julieta E. Reyes has the power to name successor Trustee(s) of said Trust, and Julieta E. Reyes and Leslie E. Reyes having been so named and accepting the office of Trustee, are now qualified and acting Trustees of said Trust;

The above described property is now vested in title as follows:

Julieta E. Reyes and Leslie E. Reyes, Trustee under the Conrado and Julieta Reyes Trust Agreement dated August 11, 1998

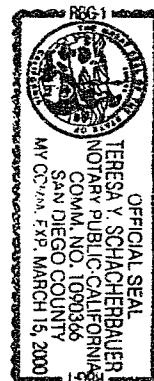
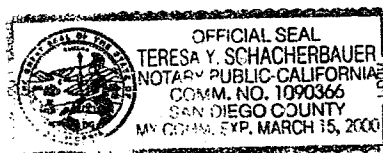
DATE: November 18, 1998

Julieta E. Reyes  
Julieta E. Reyes

Subscribed and sworn to before me, Teresa Y. Schacherbauer on November 18, 1998.

WITNESS my hand and official seal.

Teresa Y. Schacherbauer  
Notary Public



**Grantor's/Grantee's Name and Address**

Leslie & Julieta Reyes  
444 Borden Circle  
San Marcos, CA 92069

**After Recording Return to:**

Kenneth H. Miller  
1766 S. Escondido Blvd.  
Escondido, CA 92025

**Until Requested Otherwise send all Tax Statements to:**

Leslie & Julieta Reyes  
444 Borden Circle  
San Marcos, CA 92069

# COUNTY OF SAN DIEGO

42883

## CERTIFICATE OF DEATH

3 199637 015271

STATE FILE NUMBER		USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) NO. 11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) <b>Conrado</b>		2. MIDDLE <b>De Ocampo</b>		3. LAST (FAMILY) <b>Reyes</b>	
4. DATE OF BIRTH M/M/DD/CCYY <b>09/12/1944</b>		5. AGE YRS. <b>54</b>		7. DATE OF DEATH M/M/DD/CCYY S. HOUR <b>10/08/1998 1645</b>	
9. STATE OF BIRTH <b>PI</b>		10. SOCIAL SECURITY NO. <b>562-86-4401</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>married</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>Filipino</b>	
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>US Navy</b>		17. OCCUPATION <b>Aviation Storekeeper</b>	
18. KIND OF BUSINESS <b>military</b>		19. YEARS IN OCCUPATION <b>20</b>		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>444 Borden Circle</b>	
21. CITY <b>San Marcos</b>		22. COUNTY <b>San Diego</b>		23. ZIP CODE <b>92069</b>	
24. YRS IN COUNTY <b>17</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME, RELATIONSHIP <b>Julietta Reyes, wife</b>	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>444 Borden Circle, San Marcos, CA 92069</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>Julietta</b>		29. MIDDLE <b>E.</b>	
30. LAST (MAIDEN NAME) <b>Gonzales</b>		31. NAME OF FATHER—FIRST <b>Diogdado</b>		32. MIDDLE <b>unknown</b>	
33. LAST <b>Reyes</b>		34. NAME OF MOTHER—FIRST <b>Reurrection</b>		35. MIDDLE <b>unknown</b>	
36. LAST (MAIDEN) <b>Alacantara</b>		37. DATE M/M/DD/CCYY <b>10/13/1998</b>		38. PLACE OF FINAL DISPOSITION <b>RES/Julietta Reyes, wife</b>	
39. SIGNATURE OF REGISTRAR <b>CR/RES</b>		40. SIGNATURE OF EMBALMER <b>not embalmed</b>		41. LICENSE NO. <b>—</b>	
42. NAME OF FUNERAL DIRECTOR <b>Telespase Cremation Society-SM FD-1470</b>		43. LICENSE NO. <b>—</b>		44. DATE M/M/DD/CCYY <b>10/13/1998</b>	
45. PLACE OF DEATH <b>Village Square</b>		46. IF HOSPITAL, SPECIFY NAME <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		47. COUNTY <b>San Diego</b>	
48. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1586 W. San Marcos Blvd.</b>		49. CITY <b>San Marcos</b>		50. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Sepsis</b>		52. TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		53. RESPONSE NUMBER <b>10-197</b>	
54. DUE TO <b>(B) Pneumonia</b>		55. 3 days <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		56. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. DUE TO <b>(C) Aspiration</b>		58. 2 wks <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		59. 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. DUE TO <b>(D) Intracranial Metastases of Metastatic Colon CA</b>		61. 7 EOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		62. 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
63. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE GIVEN IN 107 <b>none</b>					
64. 112. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE. <b>no</b>					
65. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED. <b>10/07/1998 10/07/1998</b>		66. SIGNATURE AND TITLE OF CORONER <b>Luigi J. Navazo, MD</b>		67. LICENSE NO. <b>672940</b>	
68. SIGNATURE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>P.O. Box 232610</b>		69. SIGNATURE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Leucadia, CA 92024</b>		70. DATE M/M/DD/CCYY <b>10/12/1998</b>	
71. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED. <b>10/07/1998 10/07/1998</b>		72. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		73. NEARLY DATE M/M/DD/CCYY <b>10/08/1998</b>	
74. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> POISON <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		75. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>—</b>		76. HOUR <b>1645</b>	
77. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) <b>—</b>		78. SIGNATURE OF CORONER OR DEPUTY CORONER <b>—</b>		79. DATE M/M/DD/CCYY <b>—</b>	
80. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>—</b>		81. FAX AUTH. # <b>9814896</b>		82. CENSUS TRACT <b>—</b>	

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: October 14, 1998

ROBERT M. ROSS, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kenneth H. Miller the 23rd day of November A.D. 19 98 at 2:50 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 42882.

FEE \$15.00

Bernetha G. Letsch, County Clerk  
By Robert M. Ross