

RECORDING REQUESTED BY

LARRY E or CHARLES H. LEDUC

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AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME LARRY E. or CHARLES
STREET H. LEDUC
ADDRESS 88705 Avenue 58
CITY, STATE & ZIP CODE Thermal, CA 92274
TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$
☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax _____ Firm Name _____

LEWIS J + MILDRED FISHER (Lewis J. Fisher, deceased DOD: 8/28/99)
(NAME OF GRANTOR(S))
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to LARRY E. LEDUC OR CHARLES H. LEDUC
(NAME OF GRANTEE(S))
the following described real property in the City of _____, County of KLAMATH, State of OR.:

CODE - 008
RCCT# - R252988
MAP: R-3509-013CB-01800-000
BLOCK - 3-1800
SADDLE MOUNTAIN ESTATES

CODE - 008
RCCT# - R252960
MAP# R-3509-013CB-01600-000
BLOCK - 1-1600

Assessor's parcel No. _____

Executed on December 20, 1999, at San Jacinto, California

Mildred Fisher
(CITY AND STATE)
MILDRED FISHER

STATE OF CALIFORNIA

COUNTY OF RIVER SIDE

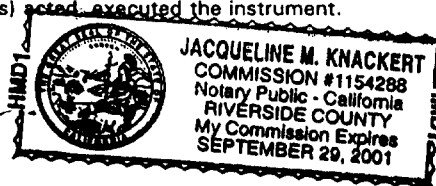
On 12/20/99 before me, JACQUELINE M. KNACKERT

(NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared MILDRED FISHER personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Jacqueline M. Knackert
(SIGNATURE OF NOTARY) (SEAL)



MAIL TAX STATEMENTS TO: LARRY E. OR CHARLES H. LEDUC
88705 Ave 58 Thermal, CA 92274

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

WOLCOTTS FORM 790 ©1994 WOLCOTTS FORMS, INC.
QUITCLAIM DEED Rev. 3-94b (price class 3A)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)
☒ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S) _____ (TITLES)
☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

5184

RIVERSIDE, CALIFORNIA

2000 FEB 17 PM 3:30

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/97)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) LEWIS		2. MIDDLE JOHN		3. LAST (FAMILY) FISHER			
4. DATE OF BIRTH MM/DD/CCYY 12/18/1931		5. AGE YRS. 67		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 08/28/1999	
8. HOUR 1015		9. STATE OF BIRTH NJ		10. SOCIAL SECURITY NO. 558-44-9099		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER DATATRONICS		17. OCCUPATION MACHINIST		18. KIND OF BUSINESS ELETRONIC DEVICES		19. YEARS IN OCCUPATION 21	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1212 N RAMONA BLVD		21. CITY SAN JACINTO		22. COUNTY RIVERSIDE		23. ZIP CODE 92582	
24. YRS IN COUNTY 45		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP MILDRED LORENE FISHER, WIFE			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1212 N RAMONA BLVD, SAN JACINTO, CA 92582				28. NAME OF SURVIVING SPOUSE—FIRST MILDRED			
29. MIDDLE LORENE				30. LAST (MAIDEN NAME) CAMPLAIN			
31. NAME OF FATHER—FIRST WILLIAM				32. MIDDLE G			
33. LAST FISHER				34. BIRTH STATE DE			
35. NAME OF MOTHER—FIRST CATHERINE				36. MIDDLE D			
37. LAST (MAIDEN) GARGUILLO				38. BIRTH STATE NJ			
39. DATE MM/DD/CCYY 08/31/1999		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR MILLER-JONES MORTUARY, INC		45. LICENSE NO. FD1286		46. SIGNATURE OF LOCAL REGISTRAR Gary Feldman MD SC		47. DATE MM/DD/CCYY 08/31/1999	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY RIVERSIDE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1212 N RAMONA BLVD		106. CITY SAN JACINTO		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
IMMEDIATE CAUSE (A) CARDIORESPIRATORY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH MINS		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 994554			
DUE TO (B) LIVER METASTASIS, PRIMARY UNKNOWN		TIME INTERVAL WKS		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 07/18/1999		115. SIGNATURE AND TITLE OF CERTIFIER Dr. Mark M		116. LICENSE NO. A325250		117. DATE MM/DD/CCYY 08/30/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP SULTANALI A KASSAMALI MD, 949 CALHOUN PL, HEMET, CA 92543		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 756282		CENSUS TRACT	

918524

CERTIFIED COPY OF VITAL RECORDS

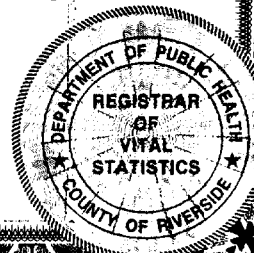
STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

09/03/1999

DATE ISSUED

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

Gary Feldman MD
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

5185

State of Oregon, County of Klamath

Recorded 2/17/00, at 3:30 p.m.

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Linda Smith,

County Clerk Fee \$ 3.00