

NN

Vol M00 Page 19791



DOROTHY M. DEBOER

924 E. Palm Avenue

Burbank, CA 91501

REIN DEBOER III & DOROTHY M. DEBOER

924 E. Palm Avenue

Burbank, CA 91501

SPACE RESERVED
FOR
RECORDER'S USE

3N

State of Oregon, County of Klamath fixed.
Recorded 06/01/00, at 2:41 p.m.
In Vol. M00 Page 19791
Linda Smith,
County Clerk Fee \$ 36.00 Deputy.

After recording, return to (Name, Address, Zip):

REIN DEBOER III & DOROTHY M. DEBOER

924 E. Palm Avenue

Burbank, CA 91501

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Rein DeBoer III & Dorothy M. DeBoer

924 E. Palm Avenue

Burbank, CA 91501

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Dorothy M. DeBoer
(surviving spouse)

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto DOROTHY M. DEBOER AND REIN DEBOER III, Mother and Son as Joint Tenants

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

Lot 20 Block 45 Klamath Falls Forest Estates Highway 66 Unit, Plat No. 2 as recorded in Klamath County, Oregon.

*Certified copy of Death Certificate attached for Rein J. DeBoer.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. (The sentences between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on _____; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dorothy M. DeBoer
Dorothy M. DeBoer

SEE Attached

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____,
by _____

This instrument was acknowledged before me on _____,
by _____

as _____
of _____

Notary Public for Oregon

My commission expires _____



19792

1-800-37-TITLE

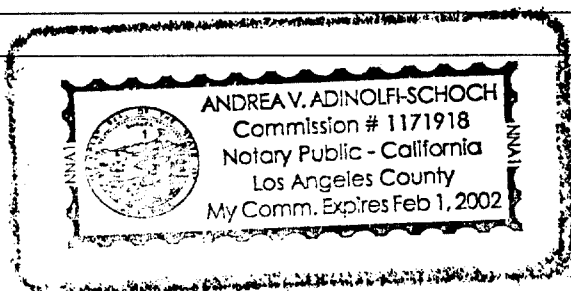
STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.On 5/22/00 before me, Andrea V. Adinolfi Schoch a notary public, personally
appeared DOROTHY M. DEBOER

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.

Signature [Signature]

Other signatures not acknowledged by the above certificate _____



(This area for official notarial seal)

STATE OF CALIFORNIA
COUNTY OF _____ } SS.On _____ before me, _____ a notary public, personally
appeared _____

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.

Signature _____

(This area for official notarial seal)

Other signatures not acknowledged by the above certificate _____

OPTIONAL

Though the statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document, and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

☒ Individual ☐ Corporate Officer(s) ☐ Partners ☐ Limited ☐ General ☐ Attorney-in-fact ☐ Trustee ☐ Guardian/conservator
☐ Other _____

SIGNER IS REPRESENTING:

name of person(s) or entity(ies) _____

Title or Type of Document Quitclaim Deed Date of Document _____ No. of Pages _____

CERTIFICATION OF VITAL RECORD

19793
COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

0190-043061

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME REIN		1b. MIDDLE NAME JOHN		1c. LAST NAME DE BOER		2a. DATE OF DEATH—MONTH DAY, YEAR SEPTEMBER 27, 1975		2b. HOUR 12:30 A			
	3. SEX Male		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.		6. DATE OF BIRTH August 5, 1915		7. AGE (LAST BIRTHDAY) 60 YEARS			
	8. NAME AND BIRTHPLACE OF FATHER Rein DeBore - Unknown					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Eva Reiser - Unknown						
	10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 194-10-3212		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF DECEASED) Dorothy Stocker		14. KIND OF INDUSTRY OR BUSINESS Steel			
PLACE OF DEATH	15. LAST OCCUPATION Steel Worker					16. NUMBER OF YEARS IN THIS OCCUPATION 33 yr.		17. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Bethlehem Steel Co.		18. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Steel		
	19a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION FACILITY KAISER FOUNDATION HOSPITAL					19b. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4867 SUNSET BLVD					19c. INSIDE CITY CORPORATE LIMITS SPECIFY YES OR NO yes	
USUAL RESIDENCE IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2537 No. Ontario Street					19b. INSIDE CITY CORPORATE LIMITS SPECIFY YES OR NO yes					20. NAME AND MAILING ADDRESS OF INFORMANT Mrs. Dorothy DeBoer	
	19c. CITY OR TOWN Burbank					19d. COUNTY Los Angeles					19e. STATE California	
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION) 8/20/75					21b. PHYSICIAN (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION) 9/2/75					21c. PHYSICIAN OR CORONER (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION) 9/2/75	
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial					22b. DATE 10/1/75					22c. NAME OF CEMETERY OR CREMATORY Bethlehem Park Cemetery	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH J.T. Oswald Mortuaries					24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER SEP 28 1975					25. DATE RECEIVED FOR REGISTRATION OF LOCAL REGISTRATION SEP 28 1975	
	26. PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Respiratory Failure DUE TO OR AS A CONSEQUENCE OF (B) Metastatic Carcinoma DUE TO OR AS A CONSEQUENCE OF (C) Gastric Carcinoma					27. PART II: OTHER SIGNIFICANT CONDITIONS Aspirin 157					28. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day	
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Accident					34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 4867 Sunset Blvd, Los Angeles					35. INJURY AT WORK SPECIFY YES OR NO No	
	37a. PLACE OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN 4867 Sunset Blvd, Los Angeles					37b. INJURY AT WORK SPECIFY YES OR NO No					38. DATE OF INJURY 8/20/75	
40. DESCRIBE HOW INJURY OCCURRED—ENTER VERBOUSE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 33.												
STATE REGISTRAR	A					B					C	
	D					E					F	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

JUN 04 1996
19-290988

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

19794

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

AFFIDAVIT TO AMEND A RECORD

756204

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

0190-043061

DATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME REIN		1b. MIDDLE NAME		1c. LAST NAME DE BOER	
	2. SEX Male		3. DATE OF EVENT Sept. 27, 1975		4. PLACE OF OCCURRENCE—CITY AND COUNTY Kaiser Foundation Hospital, Los Angeles, California	
	5. NAME OF FATHER Rein DeBore			6. MAIDEN NAME OF MOTHER Eva Reiser		
	7. ITEM NUMBER 1b			8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD Rein DeBore		
STATEMENT OF CORRECTIONS	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE JOHN Rein DeBoer					
WHY IS CHANGE NECESSARY? at the request of Mrs. Dorothy DeBoer, wife of the deceased.						
I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.						
FIRST SUPPORTING AFFIDAVIT	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>James J. Chadwick</i>			11. RELATIONSHIP OF PERSON COMPLETING THE AFFIDAVIT TO THE PERSON WHOSE RECORD IS BEING AMENDED Son to Mortuary		12. AGE OF PERSON COMPLETING THE AFFIDAVIT 55
	13. DATE SIGNED 9/30/75		14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 11020 Camarillo Street, North Hollywood, California 91602			
SECOND SUPPORTING AFFIDAVIT	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>James J. Chadwick</i>			16. RELATIONSHIP OF PERSON COMPLETING THE AFFIDAVIT TO THE PERSON WHOSE RECORD IS BEING AMENDED Mortuary Manager		17. AGE OF PERSON COMPLETING THE AFFIDAVIT 50
	18. DATE SIGNED 9/30/75		19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 11020 Camarillo Street, North Hollywood, California 91602			
FOR USE OF STATE OR LOCAL REGISTRAR						
20. DATE ACCEPTED OCT 6 1975		21. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>John A. [Signature]</i>				

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

(REV. 11-72) FORM VS-24

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

JUN 04 1998
19-290991

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE