

CLAIMING SUCCESSOR'S DEED

Doreen Vaughan conveys to Doreen Vaughan, Trustee of the Doreen Vaughan Family Trust of April 10, 1990, all that real property situated in Klamath County, State of Oregon, and more particularly described as:

Lot 8, Block M, LAKE OF THE WOODS TRACT in Klamath County, Oregon, according to the official plat thereof on file in the office of the County Clerk of said County. This is a conveyance of a one-third undivided interest in the improvements situated on said lot, as well as ownership of that certain term Special Use Permit issued by the United States Forest Service in reference to said lot, to be held as a tenant in common with Jeanne Reum.

The undersigned is the beneficiary of the above Trust so there is no money consideration.

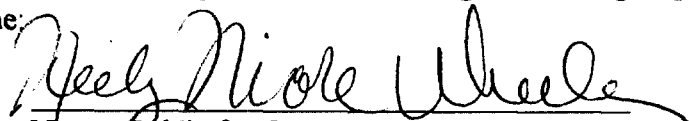
This instrument will not allow use of the property described in this instrument in violation of applicable land use laws and regulations. Before signing or accepting this instrument, the person acquiring the fee title to the property should check with the appropriate city or county planning department to verify approved uses.

DATED this 17 day of December, 2000.


Doreen Vaughan

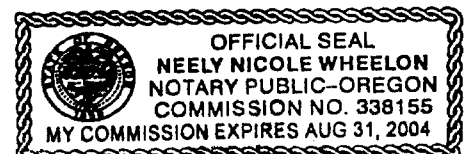
STATE OF OREGON)
) §
COUNTY OF JACKSON)

Personally appeared the above-named Doreen Vaughan and acknowledged the foregoing instrument to be a voluntary act. Before me:


Notary Public for Oregon
My Commission Expires: Aug 31, 2004

Mail Tax Statements to:

722 S. Modoc Avenue
Medford OR 97504



LAW OFFICES OF
DAVIS, GILSTRAP, HEARN, SALADOFF & SMITH
A Professional Corporation
515 EAST MAIN STREET
ASHLAND, OREGON 97521
(541) 482-3111 FAX (541) 488-4455

Claiming Successor's Deed -1-

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR KLAMATH COUNTY

In the Matter of the Estate of) Probate No. 000 4313 CV
BRUCE M. LEVERETTE,)
Decedent.) AFFIDAVIT FOR SMALL
ESTATE PROBATE
(Testate)

STATE OF OREGON)
County of Jackson) §

In excess of thirty days having passed since the death of decedent herein, and Affiant herein being a Claiming Successor pursuant to ORS 114.505(1), and being first duly sworn upon oath, deposes and says as follows:

The following is a summary of personal information regarding the Decedent:

(1) Name: Bruce M. Leverette
Date of Birth: 6/4/21
Domicile: Jackson County, Oregon
Post Office Address: 237 N. Oakdale, Medford, OR 97501
Date and Place of Death: December 7, 1999, Medford, OR
Social Security No.: 543-34-1550

(2) All of the property which comprises the Estate of decedent herein has a fair market value of less than \$50,000.00 in personal property, \$90,000.00 or less in real property, or a combination of personal property having less than \$50,000.00 in fair market value and less than \$90,000.00 in real property value. The following is a description of the property of decedent, including a legal description of the real property, and Affiant's representation of the fair market value thereof:

Affidavit for Small Estate

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1 REAL PROPERTY: One-third undivided interest in U.S. Forest Service Special Use
 2 Permit for Lot 8, Block M, Lake of the Woods Tract in Klamath County, Oregon, along with all
 3 improvements thereon, currently in the name of Jeanne Reum.

\$ 90,000.00

4 PERSONAL PROPERTY: None

5 (3) Reasonable efforts have been made to ascertain whether or not there are creditors of
 6 this Estate that remain unpaid as of this time. With respect to debts of decedent, including
 7 amounts, names and addresses of creditors where applicable, the following is represented:

8 CREDITORS: None

9 A copy of this Affidavit showing date of filing shall be delivered or mailed to each creditor
 10 who will not be paid in full.

11 (4) The following are the names and addresses of persons known to Affiant asserting a
 12 disputed claim against the estate for the amount(s) shown; a copy of this Affidavit showing date
 13 of filing will be delivered or mailed to each claimant: None. Any disputed claim against this estate
 14 may be barred unless a Petition for Summary Determination is filed by the claimant within four
 15 months of the filing hereof, or a personal representative of the estate is appointed in accordance
 16 with ORS 114.555.

17 (5) Decedent died testate. Attached is Decedent's Will and a certified copy of death
 18 certificate, which by reference is incorporated herein.

19 (6) No application or petition for appointment of a Personal Representative of the Estate
 20 of decedent herein has been made or granted within the State of Oregon, to the best of Affiant's
 21 knowledge and belief.

22 (7) The following is a list of the devisees and heirs of decedent, together with their last
 23 known addresses:

24 Doreen Vaughan
 25 722 S Modoc Avenue
 Medford OR 97504

Jeanne Reum
 3100 Alameda Street
 Medford OR 97504

(8) Representation is here made that within thirty (30) days of filing hereof a copy of
 decedent's Last Will and this Affidavit showing date of filing will be either delivered or mailed to
 each heir and devisee at his or her last known address.

Affidavit for Small Estate

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1 (9) The interest in property described herein that is the respective entitlement of each
2 legatee or devisee is as follows:

3 All of the decedent's interest in said real property shall pass to Doreen Vaughan.

4 (10) A copy of this Affidavit showing the date of filing will be mailed or delivered to the
5 Adult and Family Services Division, Estate Administration Section, Salem, Oregon.

6 (11) The original of this Affidavit and the original Will have been filed with the Clerk of
7 the Circuit Court for Klamath County, Oregon.

8 (12) Any claim against the estate not set forth herein or for an amount greater than that
9 stated herein may be barred unless a claim is presented to the Affiant within four months of the
10 filing hereof, or a personal representative of the estate is appointed in accordance with ORS
11 114.555.

11 This Affidavit is made and given pursuant to ORS 114.535, in order that there may be
12 expeditiously obtained any assets belonging to decedent, as well as the transfer of title to any
13 property belonging to decedent pursuant to the information hereinabove set forth.

14 DATED this 31 day of October, 2000, at Medford, Oregon.

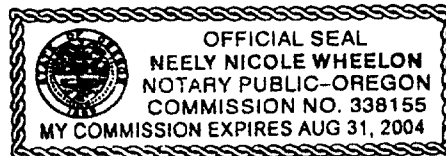
15 X *Doreen Vaughan*
DOREEN VAUGHAN

16
17 SUBSCRIBED AND SWORN to before me this 31 day of October, 2000.

18 *Neely Nicole Wheelon*
19 Notary Public for Oregon
20 My Commission Expires: *Aug 31, 2004*

21 ATTORNEYS FOR THE ESTATE:

22 JACK DAVIS, OSB 75090
23 DAVIS, GILSTRAP, HEARN,
24 SALADOFF & SMITH
25 A Professional Corporation
515 E Main Street
Ashland OR 97520
(541) 482-3111



Affidavit for Small Estate
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LAW OFFICES OF
DAVIS, GILSTRAP, HEARN, SALADOFF & SMITH
A Professional Corporation
515 EAST MAIN STREET
ASHLAND, OREGON 97520
(541) 482-3111 FAX (541) 488-4455

45430

In the Name of God -- Amen

KNOW ALL MEN, That I BRUCE MILTON LEVERETTE,
a resident of and domiciled in 237 NO. OAKDALE AVE., MEDFORD
in the State of OREGON, of the age of 63 years, being of sound and
disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomso-
ever, do make, publish and declare this my last will and testament in manner and form following, to-wit:

FIRST, I direct that all my just and unsecured debts and funeral expenses be duly paid and satisfied as soon
as conveniently can be done after my decease.

SECOND, I BEQUEATH TO MY SISTER, DOREEN VAUGHAN PETERSEN, ONE-THIRD
INTEREST IN PROPERTY DESCRIBED AS LOT B, BLOCK M, LAKE OF THE WOODS
(AMENDMENT FOR SPECIAL USE PERMIT FURTHER DESCRIBED IN ATTACHED DOCUMENT
FOR RECREATION RESIDENCE USE). THIS WAS ISSUED ON AUGUST 24, 1970 FOR THE
PERIOD ENDING DECEMBER 31, 1998, WITH THE PROVISION THAT IT WILL BE
EXTENDED FOR A PERIOD OF TEN YEARS FROM THAT DATE IF THE PERMITTEE IS NOT
NOTIFIED TO THE CONTRARY PRIOR TO DECEMBER 31, 1988. THIS PERMIT WAS ISSUED
TO RICHARD AND JEANNE REUM (SHE IS ALSO MY SISTER, AND IS OWNER OF THE
BALANCE OF THE PROPERTY (TWO-THIRDS)). SHOULD MY SISTER, DOREEN VAUGHAN
PETERSEN PRECEDE ME IN DEATH, I THEN BEQUEATH THE ABOVE MENTIONED ONE-THIRD
INTEREST TO MY NEPHEW, RUSSELL K. VAUGHAN AND MY NIECE, WENDY VAUGHAN
CURTIS, JOINT TENANCY WITH RIGHT OF SURVIVORSHIP.

Soc. Sec. # 543-34-1550

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF OREGON)
)
 County of Jackson)

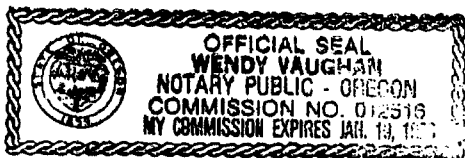
§

We, the undersigned, being sworn, each for myself, say:

On the date of the attached Will of BRUCE MILTON LEVERETTE, in our presence, said BRUCE MILTON LEVERETTE signed the same and declared it to be his Will whereupon at his request and in his presence, we attested the Will by signing our names hereto. To the best of my knowledge and belief, the Testator was at that time, over the age of 18 years and of sound mind.

Bruce A. Henry
Shelley A. Singer

SUBSCRIBED AND SWORN to by each of the affiants above named on this 15th day of February, 1993.



Wendy Vaughan
 Notary Public for Oregon
 My Commission Expires: 1/19/96

AFFIDAVIT OF ATTESTING WITNESSES

LAW OFFICES
 AINSWORTH, DAVIS, GILSTRAP, HARRIS & BALOCCA, P.C.
 515 East Main Street
 Ashland, Oregon 97520
 (503) 482-3111 FAX (503) 488-4455

CERTIFICATION OF VITAL RECORD

H-13155
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

45432

Local File Number

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: <u>Bruce</u> Middle: <u>Milton</u> Last: <u>LEVERETTE</u>				2. SEX <u>Male</u>		3. DATE OF DEATH (Month, Day, Year) <u>December 7, 1999</u>	
4. SOCIAL SECURITY NUMBER <u>543-34-1550</u>		5a. AGE - Last Birthday (Years) <u>78</u>		5b. Under 1 Year Mos: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Vancouver, Canada</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Home		7. DATE OF BIRTH (Month, Day, Year) <u>June 4, 1921</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>	
9c. STREET AND NUMBER <u>237 N. Oakdale</u>				9d. COUNTY OF DEATH <u>Jackson</u>		10a. DECEASED'S USUAL OCCUPATION (Give kind of work done & approximate working time. Do not abbreviate.) <u>Cord Storage Manager</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Fruit Orchards</u>				11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <u>Never married</u>		12. SPOUSE (If Married, Widowed) <u>-</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Jackson</u>		13c. CITY, TOWN OR LOCATION <u>Medford</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
13d. INSIDE CITY (LIMITS) <u> </u>		13e. ZIP CODE <u>97501</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <u> </u> College (13-16): <u> </u>	
17. FATHER'S NAME - First, Middle, Last <u>Walter Leverette</u>				18. MOTHER'S NAME - First, Middle, Last <u>Alice Halshill</u>			
19. INFORMANT'S NAME and relationship to decedent <u>Doreen Vaughan - sister</u>				20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>Hillcrest Memorial Park and Crematory</u>			
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Hillcrest Memorial Park and Crematory</u>				20c. LOCATION - City or Town, State <u>Medford, Oregon</u>			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>				21b. OREGON LICENSE NO. (Of Licensee) <u>3497</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Memory Gardens Mortuary</u> <u>1395 Arnold Avenue, Medford, OR 97501</u>	
23. DATE OF DEATH (Month, Day, Year) <u>DEC 7 1999</u>				24. REGISTRAR'S SIGNATURE <u>[Signature]</u>			
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH <u>Found</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH <u>Found</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>Dec 7 1999 at 3:51 AM</u>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>				32. On the basis of examination and/or other data, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>			
30. DATE SIGNED (Month, Day, Year) <u> </u>				33. DATE SIGNED (Month, Day, Year) <u> </u>			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>James N. O'Neil MD ME 11505 NW Washington Blvd Grants Pass, OR 97526</u>				35. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or Print) <u> </u>			
36. PART I (a) Probable Atherosclerotic Heart Disease							
37. DUE TO, OR AS A CONSEQUENCE OF							
38. DUE TO, OR AS A CONSEQUENCE OF							
39. DUE TO, OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to death but not resulting in the underlying cause given in PART I							
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY <u> </u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>					
RESERVED FOR REGISTRAR'S USE							

ORIGINAL-VITAL STATISTICS COPY

State of Oregon, County of Klamath
Recorded 12/19/00, at 8:30 a. m.
In Vol. M00 Page 45426
Linda Smith,
County Clerk Fee\$ 5.00 opa

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

DEC 14 1999

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

HENRY W. COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

