

NN

GEORGE GIBBER, JR.
7625 Putnam Rd.
Vacaville, Ca 95688-9296

Grantor's Name and Address

W V T SERVICE, INC.,
c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

Grantor's Name and Address

W V T SERVICE, INC.,
c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

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

W V T SERVICE, INC.,
c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

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STATE OF OREGON,

County of _____

} ss.

I certify that the within instrument was
received for recording on _____,
at _____ o'clock _____ M., and recorded in
book/reel/volume No. _____ on page _____
and/or as fee/file/instrument/microfilm/reception
No. _____, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____, Deputy.

SPACE RESERVED
FOR
RECORDER'S USE

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that _____

~~GEORGE GIBBER JR., EDWARD GIBBER OR SUSAN GIBBER, IZMA GIBBER~~

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by _____

~~W V T SERVICE, INC., A NEVADA CORPORATION~~

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns,
that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining,
situated in _____ **KLAMATH COUNTY** County, State of Oregon, described as follows, to-wit:

LOT 09, BLOCK 03, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 1

KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized
in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state): _____

_____, and that
grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all
persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 2500.00 ~~However the~~
~~actual consideration consists of or includes other property or value given or promised which is [] the whole [] part of the (indicate~~
~~which) consideration. (The sentence 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 REGU-
LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON
ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPRO-
PRIATE 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.

Edward Gibber
GEORGE GIBBER, JR.

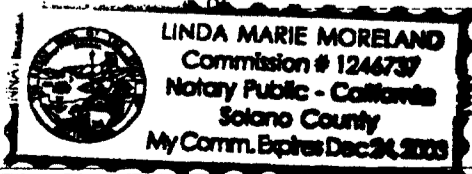
Susan Gibber
IZMA GIBBER

Edward Gibber or Susan Gibber
EDWARD GIBBER OR SUSAN GIBBER

CALIFORNIA
STATE OF OREGON, County of SOLANO

This instrument was acknowledged before me on JUNE 1, 2001,
by LINDA MARIE MORELAND

This instrument was acknowledged before me on _____,
by _____
as _____
of _____



Linda Marie Moreland
Notary Public for Oregon CALIFORNIA
My commission expires DEC 24, 2003

31A

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Solano } ss.On 4-20-2001, before me, Benjamin M. Amos, Notary Public,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")personally appeared Izma Gibber & Susan Gibber,
Name(s) of Signer(s)

☐ personally known to me
☒ 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.



Place Notary Seal Above

WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached DocumentTitle or Type of Document: Agreement for Sale / Warranty DeedDocument Date: 4-20-2001 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**
 Top of thumb here

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

26162
38907005170

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) George		1B. MIDDLE —	
1C. LAST (FAMILY) Gibber		2A. DATE OF DEATH—MO. DAY, YR. November 24, 1989	
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. June 3, 1906		7. AGE IN YEARS 83	
8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA	
10A. FULL NAME OF FATHER George Gibber Sr.		10B. STATE OF BIRTH CZECH	
11A. FULL MAIDEN NAME OF MOTHER Mary Baro		11B. STATE OF BIRTH CZECH	
12. MILITARY SERVICE? 19 42 TO 19 43 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 525-13-3584	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Izma Triplett	
16A. USUAL OCCUPATION Carpenter		16B. USUAL KIND OF BUSINESS OR INDUSTRY Construction	
16C. USUAL EMPLOYER E. B. Standish		16D. YEARS IN OCCUPATION 19 Yrs.	
17. EDUCATION—YEARS COMPLETED 12 Yrs.			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 326 Berryessa Drive		18B. CITY Vacaville	
18C. ZIP CODE 95637			
19. COUNTY Solano		20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT Izma Gibber (Wife) 326 Berryessa Drive Vacaville, Ca. 95687	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiopulmonary Arrest DUE TO (B) Congestive Heart Failure DUE TO (C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES T-9-815 <input type="checkbox"/> NO	
23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Disseminated Prostate Cancer		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Repair Rt. Hip Fracture 11-24-89	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 11-22-89		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>George Picetti</i>	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 11-24-89		27C. PHYSICIAN'S LICENSE NUMBER G058523	
		27D. DATE SIGNED 11-27-89	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS George Picetti, M.D., 150 Muir Rd. Martinez, Ca.			
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>	
		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	
30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
31. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) Cr./Sc.		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Off Coast of San Francisco San Francisco, Ca.	
34C. DATE MO. DAY, YEAR 12-15-89		34D. SIGNATURE OF EMBALMER Not Embalmed	
34E. LICENSE NUMBER #388		34F. SIGNATURE OF LOCAL REGISTRAR <i>Wendel Brunner</i>	
34G. REGISTRATION DATE NOV 29 1989			
34H. CENSUS TRACT 000			

-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

<p>Certification Statement</p> <p>Signature of Certifying official</p> <p>Place of Certification</p> <p>Date of California, Health Services-Public Health division, Bureau</p>	<p>This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office</p> <p align="right"><i>Wendel Brunner</i> M.D.</p> <p align="right">Local Registrar</p> <p align="right">Date of Certification</p> <p align="right">Contra Costa County Health Services-Public Health Division</p> <p align="right">Martinez, California</p> <p align="right">DEC 28 1989</p>
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State of Oregon, County of Klamath
Recorded 06/04/01, at 3:04 p. m.
In Vol. M01 Page 26166
Linda Smith,
County Clerk Fee \$ 31.00