

QUITCLAIM DEED-STATUTORY FORM

State of Oregon, County of Klamath
Recorded 03/12/2002 9:29 a m.
Vol M02, Pg 14525-26
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

George W. Reynolds, a widower, *Grantor*

releases and quitclaims to George W. Reynolds and Susan M. Reynolds, as trustees of the Reynolds Living Trust dated October 13, 1990, Grantee, all right, title and interest in and to the following described real property situated in Klamath County, Oregon, to wit:

The S ½ of the W ½ of Lot 8, Block 14, Klamath Falls Forest Estates Sycan Unit,
(Also described as Lot 8D, Block 14, Sycan Unit)
as recorded in Klamath County, Oregon

The true consideration for this conveyance is \$-0-. (Here comply with the requirements of ORS 93.030)

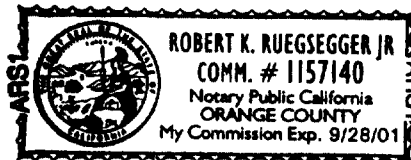
Dated this 6th day of Sept, 2001

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.

George W. Reynolds
GEORGE W. REYNOLDS

STATE OF CALIFORNIA)
COUNTY OF ORANGE) SS.

On 09/06, 2001, before me, a Notary Public, personally appeared George W. Reynolds, [] personally known to me ~~OR~~ [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.
Witness my hand and official seal.



[Signature]
NOTARY PUBLIC FOR CALIFORNIA
My Commission Expires: Sept 28, 2001

Quitclaim Deed

GEORGE W. REYNOLDS

GRANTOR

**George W. Reynolds and Susan M. Reynolds,
as trustees of the Reynolds Living Trust**

GRANTEE

2420 Bonnie Place, Costa Mesa, CA 92627

GRANTEE'S ADDRESS, ZIP

After recording return to:

Susan M. Reynolds
2420 Bonnie Place
Costa Mesa, CA 92627

Until a change is requested, all tax statements shall be sent to the following address:

George W. Reynolds
2420 Bonnie Place
Costa Mesa, CA 92627

STATE OF OREGON

14526

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-92-30-001503

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		
	BETTY	JO	REYNOLDS		
	4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR		
	CAUCASIAN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAY 26, 1920		
	7. AGE IN YEARS	IF UNDER 1 YEAR	IF UNDER 24 HOURS		
8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
TX	U.S.A.	GOLDWIN HERDON	UNK	GOLIBELLE ROGERS	UNK
12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
19 TO 19 <input checked="" type="checkbox"/> NONE	564-26-6312	MARRIED	GEORGE W. REYNOLDS		
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED	
HOMEMAKER	OWN HOME	SELF EMPLOYED	49	14	
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION			18B. CITY	18C. ZIP CODE
	2007 ALTURA DRIVE			NEWPORT BEACH	92625
PLACE OF DEATH	19D. COUNTY	19E. NUMBER OF YEARS IN THIS COUNTY	19F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
	ORANGE	33	CALIFORNIA	GEORGE W. REYNOLDS - HUSBAND	
	19A. PLACE OF DEATH	19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	2007 ALTURA DRIVE	
2007 ALTURA DRIVE			NEWPORT BEACH	NEWPORT BEACH CA 92625	
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
	IMMEDIATE CAUSE (A) Respiratory Failure			22-15	<input checked="" type="checkbox"/> YES 92-00616EY <input type="checkbox"/> NO
	DUE TO (B) Metastatic Breast Cancer			1 year	23. WAS BIOPSY PERFORMED?
	DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	24A. WAS AUTOPSY PERFORMED?				<input type="checkbox"/> YES <input checked="" 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			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		
none			no		
PHYSI- CIAN'S CERTIFICA- TION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
	27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	<i>[Signature]</i>	C032358	11/27/92
	8/2/90	12/26/91	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		
400 NEWPORT CENTER DRIVE #708, NEWPORT BEACH, CA					
CORONER'S USE ONLY	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		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)			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
	BURIAL	PACIFIC VIEW MEMORIAL PARK 3500 PACIFIC VIEW DR NEWPORT BEACH CA	JAN 30, 1992	R.L. ABERCROMBIE	4859
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE	
	PACIFIC VIEW MEMORIAL PARK	FD 1176	<i>[Signature]</i>	JAN 29, 1992	
		CENSUS TRACT			