

Individual Grantor

KNOW ALL BY THESE PRESENTS that George and Janet J. Greelman, Jr., husband and wife, hereinafter called grantor(s), for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Janet J. Berg, Trustee, OR Her Successor In Trust, Under Janet J. Berg Revocable Living Trust, UTA Dated: 6-10-02, 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 81, Block 4, Klamath Forest Estates as recorded in the official records of Klamath County, Oregon.

Subject to pro-rates of taxes for the fiscal year 1964-65 and also subject to all conditions, restrictions, reservations, easements, exceptions, rights and/or rights of way of record affecting said property.

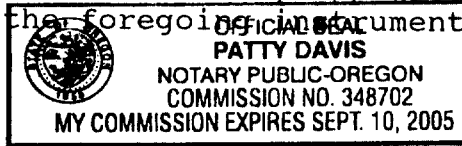
The true consideration for this conveyance is \$ **None.
Dated this 10th day of June, 2002.

Janet J. Berg
Formerly Janet J. Greelman

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.

STATE OF OREGON, County of Columbia) ss.

Personally appeared the above named Janet J. Berg, and acknowledged the foregoing instrument to be her voluntary act and deed.



Before me: Patty Davis
Notary Public for Oregon
My commission expires: 9-10-2005

QUITCLAIM DEED
Janet J. Berg, Grantor
To: Janet J. Berg, Trustee,
OR Her Successor In Trust,
Under Janet J. Berg
Revocable Living Trust,
UTA Dated: 6-10-2002 Grantee
After recording return to:
Janet J. Berg
P.O. Box 808
Clatskanie, Oregon 97016

Until a change is requested,
all tax statements shall be
sent to:
Janet J. Berg
P.O. Box 808
Clatskanie, Oregon 97016

STATE OF OREGON)

SPACE
RESERVED

FOR
RECORDER'S
USE

State of Oregon, County of Klamath
Recorded 06/25/2002 8:50 a. m.
Vol M02, Pg 36467-68
Linda Smith, County Clerk
Fee \$ 26⁰⁰ # of Pgs 2

Local File Number

CERTIFICATE OF DEATH

State File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

184

1. DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
George		Greelman Jr.						2. December 28, 1974	
3. RACE (specify)		SEX		AGE—last birthday (years)		Under 1 Year		DATE OF BIRTH (month, day, year)	
White		Male		41		mos. days hours min.		6. March 6, 1933	
4. COUNTY OF DEATH		5. CITY, TOWN, OR LOCATION OF DEATH		6. HOSPITAL OR OTHER INSTITUTION—NAME (if not in U.S.A., name of country)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		8. NAME OF SPOUSE	
Columbia		Clatskanie		USA		Yes		Janet Joyce Greelman	
8. SOCIAL SECURITY NUMBER		9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11. NAME OF SPOUSE		12. SPOUSE'S SOCIAL SECURITY NUMBER	
550-38-1309		Business Manager		Married		Janet Joyce Greelman		550-38-1309	
12. RESIDENCE—STATE		13. CITY, TOWN, OR LOCATION		14. INSIDE CITY LIMITS (specify yes or no)		15. KIND OF BUSINESS OR INDUSTRY		16. STREET AND NUMBER OR RFD	
Oregon		Columbia		Yes		School District 5J		785 S. W. Bel Air Dr.	
14a. FATHER—NAME		14b. MOTHER—Maiden Name		14c. FIRST MIDDLE LAST		14d. INFORMATION—NAME and relationship to deceased		14e. STREET AND NUMBER OR RFD	
George		Greelman Sr.		Evelyneline Koldervitz		Janet J. Greelman, wife			
15. PART I. DEATH WAS CAUSED BY:		16. IMMEDIATE CAUSE		17. (a) due to, or as a consequence of:		18. (b) due to, or as a consequence of:		19. (c) due to, or as a consequence of:	
George		Myocardial Infarction		Vascular occlusion		Murmur			
18. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)		19. AUTOPSY (yes or no)		20. IF YES, were findings considered in determining cause of death		21. IF YES, were findings considered in determining cause of death		22. IF YES, were findings considered in determining cause of death	
		Yes		No		Yes		No	
20a. DATE OF INJURY (month, day, year)		20b. HOUR		20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)		20d. LOCATION (street or R.F.D. No., city or town, county, state)		20e. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))	
20a. no		20b. M. 20c.		20d. no		20e. no		20f. no	
21. CERTIFICATION—MEDICAL INVESTIGATOR:		22. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:		23. FROM: Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> Degree or Title		24. NAME—(type or print)		25. DATE SIGNED (month, day, year)	
21a. 5:35 P.M. 21b. Dec. 28, 1974 21c. 6:15P.M.		22a. J. Otto George		23. M.D.		24. J. Otto George		25. December 30, 1974	
22a. FOR: Columbia		22b. J. Otto George		23. M.D.		24. J. Otto George		25. December 30, 1974	
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify)		24. CEMETERY OR CREMATORY—NAME		25. LOCATION (city or town, state)		26. DATE (month, day, year)		27. DATE (month, day, year)	
Burial		Murray Hill Cemetery		Clatskanie, Oregon		12-31-74		12-31-74	
24a. FUNERAL DIRECTOR—SIGNATURE		24b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)		24c. DATE RECEIVED BY LOCAL REGISTRAR		24d. DATE RECEIVED BY STATE REGISTRAR		24e. DATE RECEIVED BY LOCAL REGISTRAR	
24a. Haxxinson Funeral Home, Clatskanie, Oregon 97016		24b. 12-30-74		24c. 12-30-74		24d. 12-30-74		24e. 12-30-74	
25a. REGISTRAR—SIGNATURE		25b. DATE RECEIVED BY LOCAL REGISTRAR		25c. DATE RECEIVED BY STATE REGISTRAR		25d. DATE RECEIVED BY LOCAL REGISTRAR		25e. DATE RECEIVED BY STATE REGISTRAR	
25a. Ethelmae Jordan		25b. 12-30-74		25c. 12-30-74		25d. 12-30-74		25e. 12-30-74	
26. RESERVED FOR REGISTRAR'S USE		27.		28.		29.		30.	

STATE OF OREGON

COUNTY OF COLUMBIA

This certifies that the foregoing is a correct and complete transcript of a record of Death on file with the Columbia County Health Department.

S E A L

Ethelmae Jordan
Columbia County Local Registrar

Date: January 2, 1975