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Vol M02 Page

PERSONAL REPRESENTATIVE'S DEED

02 AUG 28 PM2:23

THIS INDENTURE Made this 28th day of August, 192002, by and between Loring Kim Earle as trustee of Banner Family Trust, the duly appointed, qualified and acting personal representative of the estate of Jack L. Banner, The Banner Family Trust deceased, hereinafter called the first party, and hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the deceased at the time of decedent's death, and all the right, title and interest that the estate of the deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Numrod River Park 5th Addition
Block 70 Lots 47 & 48

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0

① However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which). the whole

IN WITNESS WHEREOF, the first party has executed this instrument; if first party 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.

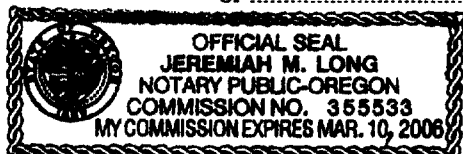
Loring Kim Earle
Personal Representative
of the Estate of Jack L. Banner Deceased.

NOTE—The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on 28 August, 2002, by Loring K. Earle

This instrument was acknowledged before me on _____, 19____, by _____, as _____ of _____



[Signature]
Notary Public for Oregon
My commission expires 10 March 2006

STATE OF OREGON,)

Grantor's Name and Address

Grantee's Name and Address

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

Same as below

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

Loring Kim Earle
PO Box 932
Southbyville, CA 95372

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath
Recorded 08/28/2002 2:23 p.m.
Vol M02, Pg 48738-40
Linda Smith, County Clerk
Fee \$ 31.00 # of Pgs 3

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3 91 55 000013

48739

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Anita		1B. MIDDLE Marion	1C. LAST (FAMILY) Banner
2A. DATE OF DEATH—MO. DAY, YR. January 19, 1991		2B. HOUR 1803	3. SEX F
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. July 2, 1919
7. AGE IN YEARS 71		IF UNDER 1 YEAR MONTHS _____ DAYS _____	
8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Felix Andre's
10B. STATE OF BIRTH Germany		11A. FULL MAIDEN NAME OF MOTHER Unknown	
11B. STATE OF BIRTH Germany		12. MILITARY SERVICE? <input checked="" type="checkbox"/> 19 TO 19 <input checked="" type="checkbox"/> NONE	
13. SOCIAL SECURITY NO. 567-14-6219		14. MARITAL STATUS Married	
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Jack L. Banner		16. YEARS IN OCCUPATION 51	
17. EDUCATION—YEARS COMPLETED 12		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 17312 Livermore Ct.	
18B. CITY Soulsbyville		18C. ZIP CODE 95372	
18D. COUNTY Tuolumne		18E. NUMBER OF YEARS IN THIS COUNTY 1	18F. STATE OR FOREIGN COUNTRY California
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jack L. Banner Husband		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiopulmonary Arrest	
22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 91-0598 <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <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 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. None	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 6/18/90		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN James D. Mosson M.D.	
27C. PHYSICIAN'S LICENSE NUMBER G 25381		27D. DATE SIGNED 1/21/91	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS J. Mosson M.D. 193 S. Fairview Ln. Sonoma, Ca. 95370		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER David W. Wynne	
28B. DATE SIGNED JAN 22 1991		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 checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR		31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DATE OF FINAL DISPOSITION—NAME AND ADDRESS Scatter over Pacific Ocean off San Francisco, Ca.	
34A. DISPOSITION(S) CR-SC		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS San Francisco, Ca.	34C. DATE MO. DAY, YEAR 1-24-1991
35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Neptune Society-Sacramento		36B. LICENSE NO. 1335	37. SIGNATURE OF LOCAL REGISTRAR David W. Wynne
38. REGISTRATION DATE JAN 22 1991		39. CENSUS TRACT	

I CERTIFY THIS TO BE A TRUE COPY OF THE
RECORD IN THIS OFFICE

ATTEST:

JAN 22 1991

David W. Wynne ASSESSOR-RECORDER
COUNTY OF TUOLUMNE, CALIFORNIA

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

48740

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3 2000 55 000120

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE		3. LAST (FAMILY)	
	Jack	Lincoln		Banner	
	4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
	04/30/1918	81	M	03/21/2000	0907
	9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
CA	552-05-2700	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	Widowed	15	
USUAL RESIDENCE	14. RACE	15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Self	
	17. OCCUPATION	18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
	Owner/Operator	Auto Parts		25	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)	17312 Livermore Ct.			
INFORMANT	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
	Soulsbyville	Tuolumne	95372	10	CA
	26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
Kim Earll - Daughter	17312 Livermore Ct., Soulsbyville, CA 95372				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)		
	31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST		
	Fred	Lincoln	Banner		
	34. BIRTH STATE	CA			
	35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)		
Freda		Knudson			
38. BIRTH STATE	Germany				
DISPOSITION(S)	39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION			
	03/24/2000	RES: 17312 Livermore Ct., Soulsbyville, CA 95372			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
	CR/RES	Not Embalmed			
	44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY	
Terzich & Wilson Funeral Home	FD762	David W. Wynne	03/22/2000		
PLACE OF DEATH	101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY	
	Sonora Community Hospital	<input checked="" type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		Tuolumne	
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY			
1 S. Forest Road	Sonora				
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			THIS INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (A) Alzheimer's			108. DEATH REPORTED TO CORONER	
	DUE TO (B)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)			109. BIOPSY PERFORMED	
	DUE TO (D)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	110. AUTOPSY PERFORMED			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	111. USED IN DETERMINING CAUSE			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
Atrial Fibrillation + Prostate Cancer					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
No					
PHYSI- CIAN'S CERTIFI- CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.
	DECEDENT ATTENDED SINCE MM/DD/CCYY		James D. Mosson M.D.		G25383
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY		117. DATE MM/DD/CCYY		03/21/2000
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH		
	James Mosson M.D. 193 S. Fairview Ln. Sonora CA 95370		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		
	120. INJURY AT WORK		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		
	121. INJURY DATE MM/DD/CCYY		122. HOUR		
	123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER					127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR					
A B C D E F G H FAX AUTH. # CENSUS TRACT					

15772

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TUOLUMNE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

DATE ISSUED 03/22/2000

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

DAVID W. WYNNE
TUOLUMNE COUNTY ASSESSOR-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE