

QUITCLAIM DEED

K-57216

KNOW ALL MEN BY THESE PRESENTS, that DENISE HITE, NÉE LaCOMB and VICKIE GONZALEZ, NÉE LaCOMB, hereinafter called Grantors, for the consideration hereinafter stated, do hereby remise, release and quitclaim unto the EDGAR BLODGETT REVOCABLE LIVING TRUST DATED OCTOBER 29, 1991, hereinafter called Grantee, and unto Grantee's heirs, successors and assigns all of the Grantors' right, title and interest in that certain real property including but not limited to any right, title or interest in said real property by virtue of a Memorandum of Land Sale Contract dated November 29, 1984 by and between Edgar J. Blodgett and Vernon E. LaComb and Caroline B. LaComb, husband and wife, said Memorandum having been recorded March 23, 1987 in Book M87 on page 4709 as instrument number 72599, and an Earnest Money Receipt dated November 29, 1984 between Edgar J. Blodgett and Evangeline F. Blodgett, husband and wife, and Vernon E. LaComb and Caroline B. LaComb, husband and wife, both the Memorandum and the Earnest Money Receipt evidencing an agreement between said parties dealing with the real property described in this Quitclaim Deed, together with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

The following described real property situated in Klamath County, Oregon:

A parcel of land situated in the SW 1/4 NW 1/4 of Section 5, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at an iron pin on the West line of said Section 5, said point being North 00°06' East a distance of 495.55 feet from the iron axle marking the West quarter corner of said Section 5 and said point being on the South line of that tract of land described in Deed Volume 77 page 464 Klamath County Deed Records: thence North 89°55' East along the South line of said tract of land a distance of 523.76 feet to an iron pin: thence South

AFTER RECORDING RETURN TO:
Grantland, Blodgett & Shaw, LLP
1818 E. McAndrews Rd.
Medford, OR 97504

SEND ALL TAX STATEMENTS TO:
Bryan E. Blodgett, Trustee
113 Littrell Dr.
Medford, OR 97504

00°10' East a distance of 65.60 feet to an iron pin (said point being the Northeast corner of that tract of land described as Parcel No. 1 of Deed Volume 350 page 249, Klamath County Deed Records); thence South 89°17' West parallel with the centerline of Lewis Lane (and along the North line of said tract of land) to the West line of said Section 5; thence North 00°06' East along the West line of said Section to the point of beginning.

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$1,250.00.

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.

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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN A FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS, WHICH, IN FARM OR FOREST ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE. 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 AND EXISTENCE
OF FIRE PROTECTION FOR STRUCTURES.

IN WITNESS WHEREOF, the Grantors have executed this instrument this 26th day of
August 7, 2002.


DENISE HITE

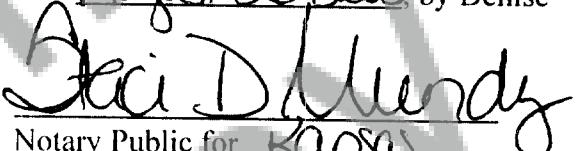

VICKIE GONZALEZ

STATE OF Kansas

COUNTY OF Osage

This instrument was acknowledged before me on August 26, 2002 by Denise Hite.




Notary Public for Kansas
My Commission Expires: 11/105

STATE OF Kansas

COUNTY OF Osage

This instrument was acknowledged before me on August 26, 2002 by Vickie Gonzalez.




Notary Public for Kansas
My Commission Expires: 11/105

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AFFIDAVIT OF HEIRSHIP

K-57216

STATE OF Kansas)
) ss.
 COUNTY OF _____)

The undersigned, DENISE HITE, née LaComb, upon my oath depose and say:

1. I am the daughter of Vernon E. LaComb and Caroline B. LaComb (the "Parents") who last resided at 1124 Sequoia, Klamath Falls, Ore.
2. I was born to my Parents on 1/30/57 at Newport Beach Calif
3. There is one other child of my Parents, Vickie Gonzalez, née LaComb.
4. My Parents are deceased and certified copies of their respective death certificates are attached hereto.
5. My Parents died intestate (without wills) and my sister Vickie Gonzalez and I are the only heirs of my Parents.

Denise E. Hite
Denise Hite

STATE OF Kansas)
) ss.
 County of Osage)

Personally appeared on the 20th day of August, 2002, the above named person, Denise Hite, and acknowledged the foregoing instrument to be her voluntary act and deed.



Staci D. Mundy
Notary Public of Kansas
My Commission Expires on: 11/1/05

Return

Grantland, Blodgett + Shaw
1818 9th & Andrews Rd
Medford, OR 97504

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of San Bernardino

DIVISION OF VITAL RECORDS

222 WEST HOSPITALITY LANE, SAN BERNARDINO, CALIFORNIA 92415-0022

52272

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

38936007325

STATE FILE NUMBER		1A. NAME OF DECEASED—FIRST CAROLINE		1B. MIDDLE BELLE	1C. LAST (FAMILY) LACOMB	1D. DATE OF DEATH—MO. DAY. YR September 24, 1989		1E. AGES IN YEARS 56		1F. LENGTH OF LIFE IN HOURS 0700 P	
DECEDENT PERSONAL DATA		4. RACE Caucasian		5. SPANISH/THAI/ANIC—GENDER [] YES [] NO		6. DATE OF BIRTH—MO. DAY. YR September 13, 1933		7. AGES IN YEARS 56		8. LENGTH OF LIFE IN HOURS 0700 P	
		9. STATE OF BIRTH Arizona		10. COUNTRY OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Benjamin Starr		10B. STATE OF BIRTH Kansas		11A. FULL MAIDEN NAME OF MOTHER Anna C. Walker	
		12. MILITARY SERVICES		13. SOCIAL SECURITY NO. [] TO [] <input checked="" type="checkbox"/> NONE 543-36-2089		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE OR WIFE, MOTHER'S MARRIED NAME Vernon LaComb		11B. STATE OF BIRTH Arizona	
16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home		16C. USUAL EMPLOYER Self		16D. YEARS IN COMPARISON 38		17. EDUCATION—YEARS COMPLETED 12		18C. ZIP CODE Colton 92324	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 945 W. Orange		18B. NUMBER OF YEARS IN THIS COUNTY		18C. STATE OR FOREIGN COUNTRY California		18D. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Vernon LaComb - Husband					
18A. PLACE OF DEATH Braswell Colonial Care		18B. IF HOSPITAL, BRANCH ONE SP. ERICSON, TADA		18C. COUNTY San Bernardino		18D. CITY Redlands		18E. IF DEATH REPORTED TO CORONER [] YES [] NO			
18D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1618 Laurel Ave.		18E. CITY Redlands		18F. TIME INTERVAL BETW. DEATH AND DEATH		18G. WAS DEATH REPORTED TO CORONER [] YES [] NO					
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (in CARBOPULMONARY ARBRS)		22. DUE TO (in CAVITOGENIC HEPATIC CIRRHOSIS)		23. DUE TO (in)		24. MINUTES [] YES [] NO		25. MONTHS [] YES [] NO		26. YEARS [] YES [] NO	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 RETINAL FAILURE		28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 RETINAL FAILURE		29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 RETINAL FAILURE		30. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 28 [] YES [] NO		31. WAS ANESTHESIA PERFORMED [] YES [] NO		32. WAS IT USED IN DETERMINING CAUSE OF DEATH [] YES [] NO	
PHYS- CIAN'S CERTI- FICATION		33. SIGNATURE AND NAME OR TITLE OF PHYSICIAN John MD		34. PHYSICIAN'S LICENSE NUMBER 6061963		35. DATE DEATH 8/25/89					
36. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER J. Liu, MD, 355 Tracacina Blvd., Redlands, Calif.		37. DATE DEATH 8/25/89									
38. MANNER OF DEATH—(ENTER ONE DEATH, MURDER, SUICIDE, HOMICIDE, ACCIDENT, OR OTHER AS DEEMED APPROPRIATE)		39. PLACE OF DEATH		40. INJURY AT DEATH [] YES [] NO		41. DATE OF INJURY MONTH, DAY, YEAR		42. HOUR [] YES [] NO			
43. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		44. DESCRIBE HOW INJURY OCCURRED EVENTS WHICH RESULTED IN INJURY		45. SIGNATURE OF INJURY		46. DATE OF INJURY MONTH, DAY, YEAR		47. SIGNATURE OF INJURY			
48. DISPOSITIONER Cr-IT		49. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Klamath Memorial Park Klamath Falls, Oregon		50. DATE MO. DAY. YEAR Sept. 26, 1989		51. SIGNATURE OF INJURY		52. LICENSE NUMBER			
53. NAME OF FUNERAL DIRECTOR OR PERSON ALLEGED TO BE COLTON FUNERAL CHAPEL 1275 N. ACACIA DR., COLTON, CALIF.		54. LICENSE NO. FD-1031		55. SIGNATURE OF LOCAL REGISTRAR George R. Petersen MD		56. REGISTRATION DATE September 26, 1989					

807521

AUG 21 2002

DATE ISSUED

Larry Walker
Auditor/Controller-Recorder

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



MIDWEST BANK NOTE COMPANY

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

52273

TYPE OR PRINT IN PERMANENT BLACK INK		098331 I.D. TAG NO. 206 Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS		136 93-009398 State File Number	
1. DECEDENT'S First Middle Last		2. SEX		3. DATE OF DEATH (Month, Day, Year)			
NAME Vernon Edward LA COMB Male				May 2, 1993			
4. SOCIAL SECURITY NUMBER 5a. AGE Last Birthday 558-34-3929 65		5a. Under 1 Year 6b. Months 1 Day		6a. BIRTHPLACE (City, and State or Foreign) Country Rochester, N.Y.		7. DATE OF BIRTH (Month, Day, Year) August 20, 1927	
8. WAS DECEDENT EVER IN: U.S. ARMED FORCES 2a. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> DDA		9. PLACE OF DEATH (Check only one) Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath			
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1124 Sequoia Street	
13e. INDOOR CITY LIMITS?		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? Spanish Yes or No - If yes, check Color Mexican, Puerto Rican, etc. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. MARITAL STATUS - Mar Married, Widowed, Divorced (Specify) Widowed	
16. PARENTS		17. FATHER - NAME first middle last		18. MOTHER - NAME first middle last		19. INFORMANT - NAME AND RELATIONSHIP TO DECEDENT Vickie Gonzalez Daughter	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place) Klamath Memorial Park		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST, Klamath Falls, OR 97601		23. LOCATION - City or Town, State Klamath Falls, Oregon	
24. DATE FILED (Month, Day, Year) MAY 05 1993		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		26. REGISTRAR'S SIGNATURE Cherie Robinson		27. WAS GIFT MADE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 1:45 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. TIME OF DEATH 1:45 P.M.		30. DATE PROCLAIMED DEAD (Month, Day, Year, Hour) May 3, 1993	
31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) mentioned in my opinion death occurred (Signature) M.D.							
32. DATE SIGNED (Month, Day, Year) May 3, 1993		33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen M.D. 2610 Uhrmann Road, Klamath Falls, Oregon 97601		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)		35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Suicide or Proprietary Animal PART I a. <i>Uremia</i> b. <i>Metabolic acidosis secondary to colic</i> c. <i></i>	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I None							
37. MANNER OF DEATH 10 Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		38. DATE OF INJURY (Month, Day, Year) 4/15/93		39. TIME OF INJURY M		40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. PLACE OF INJURY - All Name, Name, street, factory, office building inc. (Specify)		41b. DESCRIBE HOW INJURY OCCURRED		41c. LOCATION (Street and Number or Route Number, City or Town, State)		42. Did Injuries contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown 43. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE							

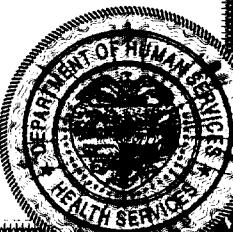
ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 7/91

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: MAR 01 2002

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Jennifer A. Woodward, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

52274

AFFIDAVIT OF HEIRSHIP

K-57216

STATE OF Kansas

)

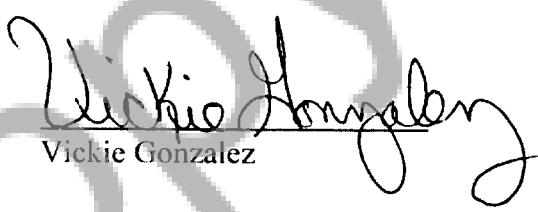
) ss.

COUNTY OF _____

)

The undersigned, VICKIE GONZALEZ, née LaComb, upon my oath depose and say:

1. I am the daughter of Vernon E. LaComb and Caroline B. LaComb (the "Parents") who last resided at 1124 Sequoia, K. Falls OR.
2. I was born to my Parents on July 14, 1961 at Klamath Falls OR.
3. There is one other child of my Parents, Denise Hite, née LaComb.
4. My Parents are deceased and certified copies of their respective death certificates are attached hereto.
5. My Parents died intestate (without wills) and my sister Denise Hite and I are the only heirs of my Parents.


Vickie Gonzalez

STATE OF Kansas

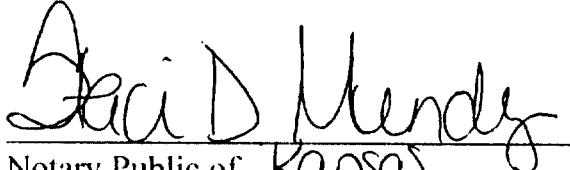
)

) ss.

County of Osage

)

Personally appeared on the 20th day of August, 2002, the above named person, Vickie Gonzalez, and acknowledged the foregoing instrument to be her voluntary act and deed.


Notary Public of Kansas
My Commission Expires on: 11/1/05



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