

02:53:18 PM 2/3/02

State of Oregon, County of Klamath

Recorded 09/13/2002 2:32 p. m.

Vol M02, Pg 52268-74

Linda Smith, County Clerk

Fee \$ 51.00 # of Pgs 7

Vol M02 Page 52268

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

51K

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, 2002.

Denise E Hite
DENISE HITE

Vickie Gonzalez
VICKIE GONZALEZ

STATE OF Kansas)
COUNTY OF Osage)

SS.

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



Staci D Mundy
Notary Public for Kansas
My Commission Expires: 11/1/05

STATE OF Kansas)
COUNTY OF Osage)

SS.

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



Staci D Mundy
Notary Public for Kansas
My Commission Expires: 11/1/05

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Medford, OR 97504

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, OR.
2. I was born to my Parents on 1/30/57 at New Port 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 E. McAndrews Rd
 Medford, OR 97504

CERTIFICATION OF VITAL RECORD

County of San Bernardino

DIVISION OF VITAL RECORDS

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

52272

STATE FILE NUMBER		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY		38936007325	
1A. NAME OF DECEDENT—FIRST CAROLINE		1B. MIDDLE BELLE		1C. LAST (FAMILY) LAOMB	
4. RACE Caucasian		5. SPANISH/Hispanic—Specify <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO., DAY, YR. September 13, 1933	
8. STATE OF BIRTH Arizona		9. CITIZEN OF WHAT COUNTRY U.S.A.		7. AGE IN YEARS 56	
10A. FULL NAME OF FATHER Benjamin Starr		10B. STATE OF BIRTH Kansas		11A. FULL MARRIAGE NAME OF MOTHER Anna C. Walker	
12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 543-36-2089		14. MARITAL STATUS Married	
15A. USUAL OCCUPATION Homemaker		15B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home		15C. USUAL EMPLOYER Self	
16A. RESIDENCE—STREET AND NUMBER OR LOCATION 945 W. Orange		16B. CITY Colton		16C. ZIP CODE 92324	
17. EDUCATION—YEARS COMPLETED 12		18. NAME OF SURVIVOR'S SPOUSE IF WIFE, ENTER MARRIAGE NAME Vernon LaComb		19. YEARS IN OCCUPATION 38	
20. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF DECEASED Vernon LaComb - Husband		21. PLACE OF DEATH Braswell Colonial Care		22. COUNTY San Bernardino	
23. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1618 Laurel Ave.		24. CITY Redlands		25. STATE OF BIRTH California	
26. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) CARDIO PULMONARY ARREST		27. IF HOSPITAL, SPECIFY ONE IF SV/OP, ICA MINUTES		28. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) CRYPTOGENIC HEPATIC CIRRHOSIS		MONTHS		29. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		YEARS		30. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 RENAL FAILURE		32. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR DET? IF YES, LIST TYPE OF OPERATION AND DATE. NO		33. DATE SIGNED 9/25/89	
34. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 35. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR 8/2/89 MONTH, DAY, YEAR 9/12/89		36. SIGNATURE AND ADDRESS OF PHYSICIAN J. Liu, MD, 355 Treacina Blvd., Redlands, Calif.		37. PHYSICIAN'S LICENSE NUMBER 6061963	
38. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 39. MANNER OF DEATH—only one should be marked. 40. PLACE OF DEATH Colton Funeral Home, 1275 N. LaCadena Dr., Colton, Calif.		41. SIGNATURE AND TITLE OF CLERK OR DEPUTY CLERK George R. Petterson MD		42. DATE SIGNED September 26, 1989	
43. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) Colton, California		44. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) remains not embalmed		45. SIGNATURE OF EMBALMER George R. Petterson MD	
46. DISPOSITION Cr-Tr		47. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Klamath Memorial Park, Klamath Falls, Oregon		48. DATE Sept. 26, 1989	
49. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Colton Funeral Home, 1275 N. LaCadena Dr., Colton, Calif.		50. LICENSE NO. FD-1031		51. SIGNATURE OF LOCAL REGISTRAR George R. Petterson MD	
52. REGISTRATION DATE September 26, 1989		53. SIGNATURE OF LOCAL REGISTRAR George R. Petterson MD		54. REGISTRATION DATE September 26, 1989	

807521

AUG 21 2002

DATE ISSUED

Larry Walker

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

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 CERTIFICATE OF DEATH

93-009398
State File Number

1. DECEDENT'S First Name Vernon		Middle Name Edward		Last Name LA COMB		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 2, 1993
4. SOCIAL SECURITY NUMBER 558-34-3929		5a. AGE Last Birthday (Years) 65	5b. Under 1 Year Male	5c. 1 Year to 1 Day Male	5d. 1 Day to 1 Hour Male	6. BIRTHPLACE (City and State or Foreign Country) Rochester, N.Y.	
7. DATE OF BIRTH (Month, Day, Year) August 20, 1927		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Home <input type="checkbox"/> Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath			
12. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Carpenter		13. KIND OF BUSINESS/INDUSTRY Residential Construction		14. MARITAL STATUS - Married Widowed		15. SPOUSE (If Married, Widowed) Caroline Bell LaComb	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath		18. CITY, TOWN OR LOCATION Klamath Falls		19. STREET AND NUMBER 1124 Sequoia Street	
20. ZIP CODE 97601		21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		22. RACE American Indian, Black, White, etc. (Specify) White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
24. FATHER - Name first middle last Edward - LaComb		25. MOTHER - Name first middle last Loretta - Anable		26. INFORMANT - Name and relationship to decedent Vickie Gonzalez Daughter			
27. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		29. LOCATION - City or Town, State Klamath Falls, Oregon			
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael O'Hair</i>		31. LICENSE NUMBER 47-3287		32. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601			
33. DATE FILED (Month, Day, Year) MAY 05 1993		34. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		35. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
37. TIME OF DEATH 1:45: P M		38. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
39. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) of death stated. (Signature) <i>[Signature]</i> M.D.							
40. DATE SIGNED (Month, Day, Year) May 3 1993							
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Robert F. Bohnen M.D. 2610 Uhrmann Road, Klamath Falls, Oregon 97601							
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 43a, 43b, AND 43c.) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.							
43a. Uremia		43b. Metastatic adenocarcinoma of colon		43c. Myocardial infarction			
44. DUE TO, OR AS A CONSEQUENCE OF		44. DUE TO, OR AS A CONSEQUENCE OF		44. DUE TO, OR AS A CONSEQUENCE OF			
45. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I None							
46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		47a. DATE OF INJURY (Month, Day, Year)		47b. TIME OF INJURY		47c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
47d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		47e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 791

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



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, 1951 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
 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.



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

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