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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

AFTER RECORDING, RETURN TO:
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Bryan E. Blodgett, Trustee
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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 Brain 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

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											
STATE FILE NUMBER 38936007325											
1A. NAME OF DECEDENT—FIRST GIVEN CAROLINE			1B. MIDDLE BELLE		1C. LAST NAME LACOMB		2A. DATE OF DEATH—MO, DAY, YR September 24, 1989			2B. TIME OF DEATH—MO, DAY, YR 0700 P	
4. RACE Caucasian			5. SPANISH/SPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. DATE OF BIRTH—MO, DAY, YR September 13, 1933			7. AGE IN YEARS 56		
8. STATE OF BIRTH Arizona			9. CITIZEN OF WHAT COUNTRY U.S.A.			10A. FULL NAME OF FATHER Benjamin Starr			10B. STATE OF BIRTH Kansas		
11A. FULL MARRIED NAME OF MOTHER Anna C. Walker			11B. STATE OF BIRTH Arizona			12. MILITARY SERVICE None			13. SOCIAL SECURITY NO. 543-36-2089		
14. MARITAL STATUS Married			15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MARRIED NAME Vernon LaComb			16. USUAL OCCUPATION Homemaker			17. EDUCATION—YEARS COMPLETED 12		
18A. USUAL RESIDENCE—STREET AND NUMBER OR LOCATION 945 W. Orange			18B. CITY Colton			18C. ZIP CODE 92324			19. COUNTY San Bernardino		
19A. PLACE OF DEATH Braswell Colonial Care			19B. IF HOSPITAL, ENTER ONE OF SP, ER/OR, IDA San Bernardino			20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF DECEASED Vernon LaComb - Husband			21. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1618 Laurel Ave.		
21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C (A) CARDIO PULMONARY ARREST			22. TIME INTERVAL BETWEEN DEATH AND DEATH MINUTES			23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			24. WAS DEATH REPORTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (B) CHRONIC HEPATIC CIRRHOSIS			25. MONTHS MONTHS			26. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			27. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C) RENAL FAILURE			28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NO			29. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? NO			30. LIST TYPE OF OPERATION AND DATE.		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.			27A. SIGNATURE AND ADDRESS OR TITLE OF PHYSICIAN J. Liu, MD, 355 Treacina Blvd., Redlands, Calif.			27B. PHYSICIAN'S LICENSE NUMBER 6061963			27C. DATE SIGNED 9/25/89		
27A. DECEASED ATTENDED SINCE 8/2/89			27B. DECEASED LAST SEEN ALIVE 9/12/89			28. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER			29. DATE SIGNED		
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.			30A. PLACE OF BIRTH Colton, Calif.			30B. BIRTH AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			30C. DATE OF BIRTH Sept. 13, 1933		
30. NUMBER OF DEATH—WAS HE MARRIED, SINGLE, WIDOW, DIVORCED, OR SEPARATED? Married			31. LOCATION STREET AND NUMBER OR LOCATION AND CITY Colton, Calif.			32. DESCRIBE HOW INJURY OCCURRED EVENTS WHICH RESULTED IN INJURY			33. DATE Sept. 26, 1989		
34A. DISPOSITION Cr-Tr			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Klamath Memorial Park, Klamath Falls, Oregon			34C. DATE Sept. 26, 1989			34D. SIGNATURE OF REGISTRAR George R. Pettersen MD		
35A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Colton Funeral Home, 1225 N. TACOMA DR., COLTON, CALIF.			35B. LICENSE NO. FD-1031			35C. SIGNATURE OF LOCAL REGISTRAR George R. Pettersen MD			35D. 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: Edward Last: 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. PLACE (City and State or Foreign Country): Rochester, N.Y.	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		7. PLACE OF DEATH (Check only one): <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other			
8a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center		8b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls		8c. COUNTY OF DEATH: Klamath	
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life): Carpenter		9b. KIND OF BUSINESS/INDUSTRY: Residential Construction		10. MARITAL STATUS - Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>	
11a. RESIDENCE - STATE: Oregon		11b. CITY, TOWN OR LOCATION: Klamath Falls		11c. STREET AND NUMBER: 1124 Sequoia Street	
12a. ZIP CODE: 97601		13. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. RACE: White	
15. FATHER - Name: Edward LaComb		16. MOTHER - Name: Loretta Anable		17. INFORMANT - Name and relationship to decedent: Vickie Gonzalez Daughter	
18. 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):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park		20. LOCATION - City or Town, State: Klamath Falls, Oregon	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>Michael O'Hair</i>		22. LICENSE NUMBER: 47-3287		23. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601	
24. DATE FILED (Month, Day, Year): MAY 05 1993		25. REGISTRATION SIGNATURE: <i>Charles Robinson</i>			
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		27. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
28. TIME OF DEATH: 1:45: P M		29. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
30. 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.					
31. DATE SIGNED (Month, Day, Year): May 3 1993					
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Robert F. Bohnen M.D., 2610 Uhrmann Road, Klamath Falls, Oregon 97601					
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):					
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 34a, 34b, AND 34c. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
34a. DUE TO, OR AS A CONSEQUENCE OF: Uremia		34b. DUE TO, OR AS A CONSEQUENCE OF: Metastatic adenocarcinoma of colon		34c. DUE TO, OR AS A CONSEQUENCE OF:	
35. OTHER SIGNIFICANT CONDITIONS: None					
36. 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		37. DATE OF INJURY (Month, Day, Year):		38. TIME OF INJURY:	
39. PLACE OF INJURY:		40. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41. DESCRIBE HOW INJURY OCCURRED:	
42. 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.

Jennifer A. Woodward
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, 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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