'02 SEP 23 AM 11:52

· FORM No. 721 – QUITCLAIM DEED (Individual or Corporate). CO2-241

NN

Vol M02 Page 53959

George D. HARRIS
20901 S.W. Winema DR
TuaLatin OR. 97062
Grantor's Name and Address

Suzanne HARRIS
26469 Fairway Circle
Santa Clarita CA 91321
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
Suzanne HARRIS
26469 Fairway Circle
Santa Clarita CA. 91321

Until requested otherwise, send all tax statements to (Name, Address, Zip):
Suzanne HARRIS
26469 Fairway Circle
Santa Clarita
Ca. 91321

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, } ss.

State of Oregon, County of Klamath
Recorded 09/23/2002 11:52 a m.
Vol M02, Pg 53959 - 61
Linda Smith, County Clerk
Fee $ 31.00 # of Pgs 3 eputy.

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that George D. HARRIS, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Suzanne HARRIS, 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:

Prop. ID: R 26512L
MAP. TM Lot: R-3510-023AO-06 000-000
Legal: Klamath Forest Estates Block 13, Lot 8.

See attached Exhibit "A + "B"

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ 1.00 ① However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration.① (The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)

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.

IN WITNESS WHEREOF, the grantor has executed this instrument on 9/9/02; if grantor 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.

George D. Harris

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.

STATE OF OREGON, County of Washington) ss.
This instrument was acknowledged before me on 9/9/02,
by George D. Harris.
This instrument was acknowledged before me on ,
by
as
of

K31

OFFICIAL SEAL
CARRIE FRITZ
NOTARY PUBLIC-OREGON
COMMISSION NO. 348236
MY COMMISSION EXPIRES JUN 4, 2005

Carrie Fritz
Notary Public for Oregon
My commission expires 6/4/05

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

"Exhibit A"

53960

CERTIFICATE OF DEATH

7097-68

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 6

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Burl	Douglas	Harris	October 22, 196[illegible]	8:10A M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
male	cnuc	Iowa	March 4, 1904	64 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Edward Harris- unknown	Rachael McFarland- Ill

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	554-16-2476	divorced	

14. LAST OCCUPATION	15. KIND OF BUSINESS/INDUSTRY	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Salesman	40	Leonard's Dept.Store	Dept.Store

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION	18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Daniel Freeman Hospital	333 North Prairie Avenue	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Inglewood	Los Angeles	33 YEARS	33 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
4948 W 119th St.	Yes	George Harris 17017 E Bygrove St. Covina Calif

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Hawthorne	Los Angeles	Calif

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INQUEST OF DECEASED AS RECORDED IN LAST	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
	FROM (MONTH, DAY, YEAR) 10/19/68 TO (MONTH, DAY, YEAR) 10/22/68 — LAST SAW THE DECEASED ALIVE (MONTH, DAY, YEAR) 10/21/68	[signature]	10/23/68

21e. ADDRESS	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
644 E Regent Inglewood	G 35898

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE; IF BODY EMBALMED, LICENSE NUMBER
burial	10-25-68	Inglewood Park Cemetery	Victor Hartman 3886

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CONFIRMED BY CORONER, WAS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Pierce Bros. Inglewood	no	[signature] MD	OCT 24 1968

MEDICAL AND HEALTH DATA

CAUSE OF DEATH 5

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	[illegible]	5 min
DUE TO, OR AS A CONSEQUENCE OF (B)	CVA	4 days
DUE TO, OR AS A CONSEQUENCE OF (C)	Arteriosclerosis	10 yrs

30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE ENTERED IN PART I.

31. WAS OPERATION ON BODY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) AND IF SO, DATE OF OPERATION	32a. AUTOPSY (SPECIFY YES OR NO)	32b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
10/17/68	Yes	Yes

INJURY INFORMATION 5

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY WHETHER FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (YES OR NO) MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER DESCRIPTIVE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					6022

REV 7-68 Form VS-11

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

JAN 22 2002

Conny B. McCormack

CONNY B. McCORMACK
Registrar-Recorder/County Clerk

19-022994

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

53961

"Exhibit B"

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — 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)
MARY	BURL	BURFORD

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
09/07/1929	71					F	05/03/2001	1125

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
IL	547-34-8854	☐ YES ☒ NO ☐ UNK	MARRIED	17

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	☐ YES ☒ NO	LOS ANGELES CTY MEDICAL CTR

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
REGISTERED NURSE	MEDICAL	25

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
250 SAN CARLOS				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
PALM SPRINGS	RIVERSIDE	92262	2	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
RONALD A BURFORD - HUSBAND	250 SAN CARLOS, PALM SPRINGS, CA 92262

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
RONALD	ARTHUR	BURFORD	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
BURL	-	HARRIS	UNK
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
HELEN	-	CRUMBAKER	IL

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
05/10/2001	RES: RONALD A BURFORD, 250 SAN CARLOS, PALM SPRINGS, CA 92262

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
PALM SPRINGS MORTUARY,CATHEDRAL CITY	FD 1513	Gary Feldman MD	05/10/2001

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
DESERT REGIONAL MEDICAL CENTER	☒ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP. ☐ RES. CARE ☐ OTHER	RIVERSIDE

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
1150 N INDIAN CANYON DR	PALM SPRINGS

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RESPIRATORY FAILURE	MINUTE
DUE TO	(B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	DAYS
DUE TO	(C) EMPHYSEMA	YEARS
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
05/01/2001	05/03/2001		A 050604	05/08/2001

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: AYAD M GHARGHOURY MD, 1100 N PALM CANYON DR #212,PALM SPRINGS, CA 92262

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

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

1078065

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								628892	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED 05/16/2001

Gary Feldman MD
Gary Feldman M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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

DEPARTMENT OF PUBLIC HEALTH ★ REGISTRAR OF VITAL STATISTICS ★ COUNTY OF RIVERSIDE

THE GREAT SEAL OF THE STATE OF CALIFORNIA

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE