

State of Oregon, County of Klamath
Recorded 09/23/2002 2:00 p m.
Vol M02, Pg 54024-26
Linda Smith, County Clerk
Fee \$ 3.00 # of Pgs 3

LF298-04
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 19th day of September, 2002,
by first party, Grantor, Patricia L. Davidson
whose post office address is PO Box 1144, North Plains, OR 97133
to second party, Grantee, Kristy L. Winkler
whose post office address is 1911 Country Grove Lane
Encinitas, CA 92024

WITNESSETH, That the said first party, for good consideration and for the sum of
zero Dollars (\$ 0.00)

paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release
and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first
party has in and to the following described parcel of land, and improvements and appurtenances thereto in
the County of Klamath , State of Oregon to wit:

Original Deed # M92-5399

The West 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 36,
Township 35 South, Range subject to: A non-exclusive assessment for
Ingress and Utilities across the Southerly 30 foot therefrom,
Together with: A 60 foot non-exclusive assessment for Ingress, , ,
Ingress and Utilities, the Center line being the South line of the
NE 1/4 and the North line of the SE 1/4 section 36, Township 35
South, Range 12 East, Willamette Meridian.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written/Signed, sealed and delivered in presence of:

Patricia L. Hayden
Signature of Witness
Patricia L. Hayden
Print name of Witness
Donald A. Hayden
Signature of Witness
DONALD A. HAYDEN
Print name of Witness

Patricia L. Davidson
Signature of First Party
Patricia L. Davidson
Print name of First Party

Signature of First Party

Print name of First Party

State of OR
County of Washburn
On 19th of Sept 2002 before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Joan M. Bernard
Signature of Notary



Affiant _____ Known _____ Produced ID
Type of ID _____
(Seal)

State of _____
County of _____
On _____ before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

Affiant _____ Known _____ Produced ID
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

54026

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, UNLESS OTHERWISE SPECIFIED
VS-11 (REV. 7/93)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. LAST (FAMILY)	
LARRY		DAVIDSON	
3. DATE OF BIRTH MM/DD/YYYY		4. AGE YRS.	
06/19/1938		58	
5. SEX		6. RACE	
M		WHITE	
7. DATE OF DEATH MM/DD/YYYY		8. HOUR	
01/20/1997		0355	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
OR		542-40-3182	
11. MILITARY SERVICE		12. MARITAL STATUS	
NONE		DIVORCED	
13. EDUCATION—YEARS COMPLETED		14. USUAL EMPLOYER	
15		MARCH AIR FORCE BASE	
15. OCCUPATION		16. KIND OF BUSINESS	
ELECTRICAL ENGINEER		GOVERNMENT	
17. YEARS IN OCCUPATION		18. YEARS IN BUSINESS	
33			
19. RESIDENCE—STREET AND NUMBER OR LOCATION			
40545 WHEELER DR			
20. CITY			
HEMET			
21. COUNTY			
RIVERSIDE			
22. ZIP CODE			
92544			
23. THIS IN COUNTY			
33			
24. STATE OF FOREIGN COUNTRY			
CA			
25. NAME, RELATIONSHIP			
LIZ RADEWACHER-DAUGHTER			
26. NAME OF SURVIVING SPOUSE—FIRST			
THOMAS			
27. NAME OF FATHER—FIRST			
ALEX			
28. NAME OF MOTHER—FIRST			
LYDIA			
29. DATE MM/DD/YYYY			
01/28/1997			
30. PLACE OF FINAL RESIDENCE			
RES- LIZ RADEWACHER, 14775 CARRIE RD MAGALIA, CA 95954			
31. TYPE OF DEATH			
CR/RES			
32. NAME OF FUNERAL DIRECTOR			
MILLER-JONES MORTUARY, INC			
33. DATE MM/DD/YYYY			
01/23/1997			
34. PLACE OF DEATH			
HEMET VALLEY MED. CTR.			
35. STREET ADDRESS—STREET AND NUMBER OR LOCATION			
1117 E. DORCHESTER AVE			
36. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE INCLUDING DISEASE, INJURY, OR OTHER CAUSE)			
107. IMMEDIATE CAUSE			
108. INTERMEDIATE CAUSE			
109. DEATH REPORTED TO CORONER			
110. BODY PERFORMED			
111. AUTOPSY PERFORMED			
112. USED IN DETERMINING CAUSE			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
ADVANCED CEREBRAL ARTERIOSCLEROTIC DEMENTIA			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? IF YES, LIST TYPE OF OPERATION AND DATE			
NO			
115. IDENTIFY THOSE WHOSE COPY OF THIS CERTIFICATE DEATH WAS ISSUED BY THE REGISTRAR AND PLACE STAMPED FROM THE CORONER (NAME, ADDRESS, CITY, STATE, ZIP)			
116. SIGNATURE AND TITLE OF CERTIFIER			
117. LICENSE NO.			
118. DATE MM/DD/YYYY			
119. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, CITY, STATE, ZIP			
120. MARY AT WORK			
121. MARY DATE MM/DD/YYYY			
122. HOUR			
123. PLACE OF MARY			
124. DESCRIBE HOW MARY OCCURRED (EVENTS WHICH PRECEDED IN MARY)			
125. SIGNATURE OF CORONER OR DEPUTY CORONER			
126. DATE MM/DD/YYYY			
127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
128. STATE REGISTRAR			
129. FAX AUTH. #			
130. GEMBUS TRACT			

681468

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

SS

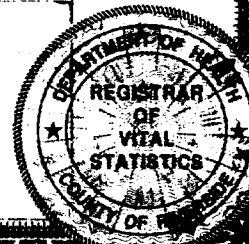
This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

01/30/1997

DATE ISSUED

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

Herbert A. Gleason, M.D.
Herbert A. Gleason Jr., M.D. M.P.H.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE