'02 NOV 15 AM8:28

GEORGIA A. WALLACE, Successor Trustee
P.O. Box 1065
Helendale, CA 92342

Grantor's Name and Address

CHARLES R. COLMAN, LAWRENCE R. COLMAN, and MATTHEW J. COLMAN
P.O. Box 1065
Helendale, CA 92342

Grantee's Name and Address

After recording, return to:

CHARLES R. COLMAN, LAWRENCE R. COLMAN, and MATTHEW J. COLMAN
P.O. Box 1065
Helendale, CA 92342

Until requested otherwise, send all tax statements to:

CHARLES R. COLMAN, LAWRENCE R. COLMAN, and MATTHEW J. COLMAN
P.O. Box 1065
Helendale, CA 92342

Vol M02 Page 66253

State of Oregon, County of Klamath
Recorded 11/15/2002 8:28 m.
Vol M02, Pg 66253-54
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

STATUTORY WARRANTY DEED

Georgia A. Wallace, Successor Trustee for the Wallace Family Trust, Grantor, conveys to Charles R. Colman, a married man as his sole and separate property, Lawrence R. Colman, a married man as his sole and separate property, and Matthew J. Colman as his sole and separate property, tenants in common, Grantees, the following real property free of liens and encumbrances, except as specifically set forth herein:

The West one-half of the North 415 feet of Lot 11 in Block 7, Klamath Falls Forest Estates Sycan Unit, EXCEPT THEREFROM that portion conveyed to Klamath County for road purposes, in the County of Klamath and State of Oregon.

EXCEPTIONS of record on file with the County of Klamath.

The true consideration for this conveyance is $ NONE (Here, comply with the requirements of ORS 93.030.)

DATED October 25, 2002.

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.

Georgia A. Wallace
Georgia A. Wallace, Successor Trustee

STATE OF CALIFORNIA, County of San Bernardino) ss.

This instrument was acknowledged before me on October 25, 2002, by Georgia A. Wallace.

SANDRA A. RICKMAN
Comm. # 1345429
NOTARY PUBLIC - CALIFORNIA
San Bernardino County
My Comm. Expires March 21, 2006

Sandra A. Rickman
Notary Public for California.
My commission expires March 21, 2006

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

66254

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)
John	Joseph	Wallace

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
07/21/1918	82			M	10/04/2000	2105

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
PA	269-10-4946	[X] YES [ ] NO [ ] UNK	Married	14

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES [X] NO	Security Pacific Bank

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Vice President	Banking	18

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
14483 Rivers Edge Road				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Helendale	San Bernardino	92342	18	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Georgia Wallace - Wife	P.O. Box 1065, Helendale, CA 92342

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Georgia	A.	De Santis	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
John	J.	Wallace	UNK
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Gertrude		Schwartz	UNK

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
10/05/2000	RES Georgia Wallace, 14483 Rivers Edge Road, Helendale, CA 92342

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
Victor Valley Mortuary, Inc.	FD1452	▶ [signature]

47. DATE MM/DD/CCYY: 10/05/2000

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
At Home	[ ] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOME [ ] RES. CARE	San Bernardino
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)			106. CITY
14483 Rivers Edge Road			Helendale

CAUSE OF DEATH

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

		APPROX. INTERVAL: ONSET TO DEATH
IMMEDIATE CAUSE (A)	Cardiac Arrest	Hours
DUE TO (B)	Arrhythmia	Years
DUE TO (C)	Renal Failure	Years
DUE TO (D)	Renal Cell Carcinoma	Years

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: 00-6257RE

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] 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
09/14/2000	09/14/2000

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature] — 116. LICENSE NO.: A061892 — 117. DATE MM/DD/CCYY: 10/05/2000

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Mark Lauron,M.D.,16024 Kamana Road, Apple Valley, CA 92307

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
▶		

STATE REGISTRAR

10-10-11	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								3665922	116.00

988343

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN BERNARDINO }

DATE ISSUED OCT 11 2000

RAISED SEAL

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE