

03 MAR 19 AM 9:55

Vol M03 Page 16405

State of Oregon, County of Klamath

Recorded 03/19/2003 9:55 AM

Vol M03 Pg 16405-10

Linda Smith, County Clerk

Fee \$ 46 # of Pgs 6

WHEN RECORDED, MAIL TO:

Corry & Associates

P.O. Box 1107

Cedar City, Utah 84720

MAIL TAX NOTICE TO:

Dorbetta Pittser

583 Sunset Dr.

Cedar City, UT 84720

SPACE ABOVE FOR RECORDER'S USE ONLY

TAX IDENTIFICATION NUMBER: R-3611-009A0-0510D-000

### WARRANTY DEED

For good and valuable consideration, receipt of which is hereby acknowledged, Dorbetta J. Pittser, Trustee of the Robert Clinton Pittser and Dorbetta Pittser Revocable Trust, hereby conveys and warrants to Dorbetta Pittser, of Cedar City, Iron County, State of Utah, all of the right, title and interest of Grantor in and to the following described real property in the County of Klamath, State of Oregon:

Block 9, Lot 20, of the 2<sup>nd</sup> addition to Nimrod River Park as shown on map in official records of said county.

SUBJECT TO all conditions, covenants, reservations, restrictions, easements, rights and rights of way of record, official records of said county and state.

Dated: March 7, 2003

Grantor: The Robert Clinton Pittser and Dorbetta Pittser Revocable Trust

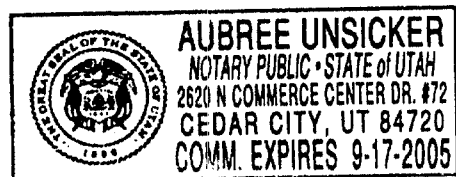
By: Dorbetta J. Pittser  
Dorbetta J. Pittser, Trustee

STATE OF UTAH )  
 ) ss.  
COUNTY OF IRON )

On the 7<sup>th</sup> day of March, 2003, before me, the undersigned, a notary public, personally appeared Dorbetta J. Pittser, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument and acknowledged to me that she is the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Aubree Unsicker  
Notary Public



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ day  
of \_\_\_\_\_ A.D. 20 \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and duly  
recorded in Vol. \_\_\_\_\_, of \_\_\_\_\_ on Page \_\_\_\_\_.  
By \_\_\_\_\_

FEE

516

CERTIFICATE OF INCUMBENCY

STATE OF UTAH     )  
                              :SS.  
COUNTY OF IRON    )

DORBETTA JANE PITTSER, being first duly sworn, deposes and says:

1. That in January 1998 DORBETTA JANE PITTSER and ROBERT CLINTON PITTSER created THE ROBERT CLINTON PITTSER AND DORBETTA PITTSER REVOCABLE TRUST, wherein DORBETTA JANE PITTSER and ROBERT CLINTON PITTSER were designated as the original Trustees.

2. That ROBERT CLINTON PITTSER died on January 16<sup>th</sup>, 2003, and a certified copy of his death certificate is attached hereto as Exhibit A and incorporated herein by reference.

3. That DORBETTA JANE PITTSER is named in said trust as the sole Successor Trustee of the trust; and hereby files this certificate and accepts the sole Trusteeship of THE ROBERT CLINTON PITTSER AND DORBETTA PITTSER REVOCABLE TRUST.

4. The real property subject to this Certificate is located in Klamath County, State of Oregon, and is more particularly described on Exhibit B attached hereto and incorporated herein by reference.

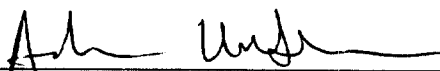
DATED this 7 day of March, 2003.

  
DORBETTA JANE PITTSER

16407

STATE OF UTAH     )  
                              : ss.  
COUNTY OF IRON    )

Subscribed and sworn to before me this 7<sup>th</sup> day of March, 2003.

  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

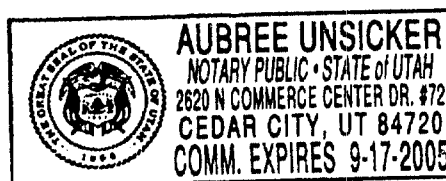


EXHIBIT "A" TO CERTIFICATE OF INCUMBENCY  
– Death Certificate

EXHIBIT "B" TO CERTIFICATE OF INCUMBENCY  
– Legal Description

Block 9, Lot 20, of the 2<sup>nd</sup> addition to Nimrod River Park as shown on map in official records of said county.

SUBJECT TO all conditions, covenants, reservations, restrictions, easements, rights of way of record, official records of said county and state.

# STATE OF UTAH — DEPARTMENT OF HEALTH

State Information on  
Form is limited under  
Vital Statistics Act  
& Rules

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

16410

LOCAL FILE NUMBER <b>11-015</b>		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Robert Clinton Pittser</b>		2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>Jan 16, 2003</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>May 5, 1927</b>		5. AGE - Last Birthday <b>75</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Blackburn, OK</b>
7. SOCIAL SECURITY NUMBER <b>552-38-0875</b>		8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DGA <input checked="" type="checkbox"/> 4. Other (specify) <b>583 South Sunset Dr.</b>	
8b. CITY, TOWN OR LOCATION OF DEATH <b>Cedar City</b>		8c. COUNTY OF DEATH <b>Iron</b>	
9. SURVIVING SPOUSE (if wife, give maiden name) <b>Dorbetta Jane Hoover</b>		10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
11. MARITAL STATUS <input checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>Maintenance</b>	
12b. KIND OF BUSINESS OR INDUSTRY <b>Division of Highways CA</b>		13a. RESIDENCE - STREET AND NUMBER <b>583 South Sunset Dr.</b>	
13b. CITY, TOWN, OR COMMUNITY <b>Cedar City</b>		13c. COUNTY <b>Iron</b>	
13d. STATE <b>UT</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	
15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) <b>White</b>		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>12</b>	
17. FATHER'S NAME (First, Middle, Last) <b>Charles Henry Pittser</b>		18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Maggie Bell</b>	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Dorbetta Jane Pittser Wife 583 South Sunset Dr., Cedar City, UT 84720</b>			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION <b>Jan 20, 2003</b>	
21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Enoch City Cemetery</b>		21c. LOCATION - City or Town, State <b>Enoch City, UT</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSE NUMBER <b>102993</b>	
24. FUNERAL HOME (Name and address) <b>Southern Utah Mortuary</b>		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>10/14/03</b>	
26. If not certified by medical examiner, was death reported to M.E.? If yes, enter the date and hour reported. <b>1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/></b>		27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.	
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>Dr. Robert Corry</b>		27c. LICENSE NUMBER <b>159215</b>	
27d. DATE SIGNED (Mo., Day, Yr.) <b>01/20/2003</b>		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) <b>170 Altamira Ave., Cedar City, UT 84720</b>	
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) <b>JAN 22 2003</b>	
31. PART I ENTER THE DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Myocardial Infarction</b> Approximate Interval Between Onset And Death: <b>Immediate</b>			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 4. Is unknown in relation to the cause of death.			
33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purpose or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.) <b>Jan 16, 2003</b>	
35b. TIME OF INJURY (24 Hour Clock) <b>1:00 PM</b>		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
35d. LOCATION (Street or rural route number, city or town, county and state) <b>583 South Sunset Dr., Cedar City, UT</b>		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>At home</b>	
35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.			
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31).			

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JAN 22 2003**

County: **IRON**

Registrar: *[Signature]*

By *[Signature]*

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By *[Signature]*

LL 1151663



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

