Recording Request By and When Recorded Mail to) Jerry M. Molatore) Attorney at Law) 426 Main Street) Klamath Falls, OR 97601 State of Oregon, County of Klamath Recorded 05/07/2003 10:54 a.m.) Vol M03 Pg 30 269-72
Mail Tax Statements to:	Linda Smith, County Clerk Fee \$ 36\infty # of Pgs \frac{1}{2} Sheila Kliewer P.O. Box 2245 Oakhurst, CA 93644.
	161281
	QUITCLAIM DEED
-	deration or value of property conveyed; OR leration or value less liens or encumbrances remaining at time of sale.
FOR A VALUABLE CONS	SIDERATION, receipt of which is hereby acknowledged,
LUCILLE DARLE	NE BEST
does hereby REMISE, REL	EASE AND FOREVER QUITCLAIM to
	VER, Successor Trustee, THE VICTOR D. KLIEWER KLIEWER REVOCABLE LIVING TRUST Dated 12/4/1991
the following real property i described as follows:	in the County of Klamath, State of Oregon, and more particularly
of northeast quarter of	er of northeast quarter of northwest quarter, and west half of northeast quarter of northwest quarter of Section 19, Range 10 East, of the Willamette Meridian, in the County Oregon.
SUBJECT TO all covenants,	, easements and restrictions of record.
Dated: 4, 18, 03	Beccelle Darlene Best.

K211 -

State of California County of Madera

On 18,2003, before me, Robert B. Lindley, the undersigned notary public, personally appeared LUCILLE DARLENE BEST, 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 executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entities upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature

ROBERT B. LINDLEY
Commission # 1250214
Notary Public - Coffornia
Madera County
My Comm. Biphes Oct 13, 2004

Recording Requested By: When Recorded Mail To:) Attorne) 426 Maii	. Molatore y at Law n Street Falls, OR 97601	30271
Mail Tax Statements to:)) Sheila I) P.O. Box) Oakhurst))		
	AFFIDAVIT -	DEATH OF SPOUSI	E
State of Oregon County of Klamath)) ss)		
the decedent, EDWARD Death is the same EDW dated June 14, 1979, 6 DARLENE BEST, hus 69216, on June 19, 197 covering the following of The northwest q quarter of north	D UDONA BEST, men ARD U. BEST named a executed by THOMAS band and wife, as to an 19, in Vol. M79, Page described real property uarter of northeast quart neast quarter of northw of the Willamette Meric	H. GRAHAM to EDWAR undivided one half interest 14388, of Official Records in the County of Klamath, Ster of northwest quarter, and yest quarter of Section 19, dian, in the County of Klamath, Steriof northwest quarter of Section 19, dian, in the County of Klamath, in the County	Fied copy of the Certificate of NDIVIDUAL GRANT DEED RD U. BEST and LUCILLE recorded as Instrument No. of Klamath County, Oregon, State of Oregon: West half of northeast Township 35 South, math, State of Oregon.
basis of satisfactory evident to me that she executed the	2003, before appeared LUCILLE DARI ce) to be the person whose a same in her authorized care	name is subscribed to the within	in to me (or proved to me on the in instrument, and acknowledged re on the instrument the person,

ROBERT B. LINDLEY
Commission # 1280214
Notary Public - California
Madera County
My Comm. Expires Oct 13, 2004

WITNESS my hand and official seal.

 $30272_{3-92-20-000257}$ CERTIFICATE OF DEATH STATE OF CALIFORNIA STATE FILE NUMBER USE BLACK INK ONLY REGISTRATION DISTRICT AND CERTIFICATE NUMBER IA. NAME OF DECEDENT-FIRST 18. MIDDLE 1C. LAST (FAMILY) 2A. DATE OF DEATH-MO, DAY, YR 28. HOUR **EDWARD UDONA** BEST JUNE 7, 1992 2238 M 5. HISPANIC-SPECIF 6. DATE OF BIRTH-MO, DAY, YR IF UNDER 1 YEAR IF UNDER 24 HOURS WHITE FEBRUARY 19, 1921 YES DECEDENT STATE OF 9. CITIZEN OF WHAT 108. STATE OF 11A. FULL MAIDEN NAME OF MOTHER PERSONAL 118. STATE OF OK DATA USA EDWARD M. BEST AL GEORGIA MAE BEARD OK 12. MILITARY SERVICE? 13. SOCIAL SECURITY NO. 14. MARITAL STATUS 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) X 447-16-2645 TO 19 MARRIED LUCILLE D. FITZPATRIC 16A. USUAL OCCUPATION 168. USUAL KIND OF BUSINESS OR INDUSTRY 16C. USUAL EMPLOYER 16D. YEARS IN 17. EDUCATION-YEARS COMPLETED CONSTRUCTION CONTRACTOR SELF-EMPLOYED 40 12 18A. RESIDENCE-STREET AND NUMBER OR LOCATION 188. CITY 18C. ZIP CODE 50347 HIDDEN FALLS DRIVE USUAL OAKHURST 93644 RESIDENCE 18D. COUNTY 18F. STATE OR FOREIGN COUNTRY 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MADERA LUCILLE BEST - WIFE 19A. PLACE OF DEATH 50347 HIDDEN FALLS DR. POB 91 ONE: IP. ER/OP. DOA PLACE OWN RESIDENCE MADERA OF OAKHURST. CA 93644 STREET AND NUMBER OR LOCATION DEATH TIME INTERVAL BETWEEN ONSET 50347 HIDDEN FALLS DRIVE OAKHURST X YES 7484 AND DEATH 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) 23. WAS BIOPSY PERF IMMEDIATE CAUSE A MALIGNANT CACHEXIA 4 MO YES CAUSE 24A. WAS AUTOPSY PERFORMED? OF DEATH (B) METASTATIC CARCINOMA OF THE LUNG 14 MO **√** № 248. WAS IT USED IN DETERMINING CAUS OF DEATH? DUE TO (C) 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 YES ED FOR ANY CONDITION IN ITEM 21 OR 25? NΩ NO I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM CAUSES STATED. 278. SIGNATURE AND DE 27C. CERTIFIER'S LICENSE NUMBER 27D. DATE SIGNED PHYSI-CIAN'S G039191 27A. DECEDENT ATTENDED \$ 6-9-92 CERTIFICA MONTH, DAY, YEAR MONTH, DAY, YEAR 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS TION 4-29-91 6-4-92 PETER S. WITTLINGER, M.D. 3636 N. FIRST, FRESNO, CA I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 29. MANNER OF DEATH—specify one: Ratural, accider suicide, homicide, pending investigation or could not be determ CORONER'S -specify one: natural, accident, 30B. INJURY AT WORK SOC. DATE OF INJURY MONTH, DAY, YEAR SOA. PLACE OF INJURY USE 31. Hour ONLY YHE

34C. DATE

37. SIGNATURE OF

6-11-92

MO, DAY, YEAR

CERTIFICATION	STATEMENT
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50347 HIDDEN FALLS DR.OAKHURST

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

 REGISTRAR OFFICIAL TITLE

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

34A. DISPOSITIONISI 34B. PLACE OF PINAL DISPOSITION LUCITLE BEST

SIERRA FUNERAL CHAPEL

Madera County Public Health Dept

JUN 2 9 1992

PLACE OF CERTIFICATION

FUNERAL

DIRECTOR

AND

LOCAL

REGISTRAR

STATE

REGISTRAR VS-11 (REV. 3-91)

DATE OF CERTIFICATION

FD-1019

0

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTHRATIONS

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-199 60689-450 2-72 20M ® OSP

Return to: Jerry M. Molatore Attorney at Law 426 Main Street Klamath Falls, OR 97601

INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35B. LICENSE

36. REGISTRATION DATE

NUMBER

35A. SIGNATURE OF EMBALMER

NOT EMBALMED