

LUCILLE DARLENE BEST

CERTIFICATE OF ACKNOWLEDGMENT

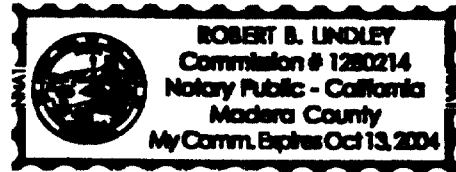
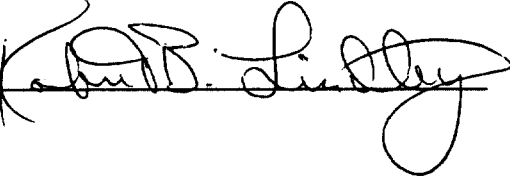
30270

State of California
County of Madera

On April 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



Recording Requested By:) Jerry M. Molatore
When Recorded Mail To:) Attorney at Law
) 426 Main Street
) Klamath Falls, OR 97601
)
)
)
)
)
Mail Tax Statements to:) Sheila Kliever
) P.O. Box 2245
) Oakhurst, CA 93644 .
)
)

30271

AFFIDAVIT - DEATH OF SPOUSE

State of Oregon)
) ss
County of Klamath)

I, LUCILLE DARLENE BEST, being of legal age and duly sworn deposes and states that: the decedent, EDWARD UDONA BEST, mentioned in the attached certified copy of the Certificate of Death is the same EDWARD U. BEST named as one of the parties in the INDIVIDUAL GRANT DEED dated June 14, 1979, executed by THOMAS H. GRAHAM to EDWARD U. BEST and LUCILLE DARLENE BEST, husband and wife, as to an undivided one half interest; recorded as Instrument No. 69216, on June 19, 1979, in Vol. M79, Page 14388, of Official Records of Klamath County, Oregon, covering the following described real property in the County of Klamath, State of Oregon:

The northwest quarter of northeast quarter of northwest quarter, and west half of northeast quarter of northeast quarter of northwest quarter of Section 19, Township 35 South, Range 10 East, of the Willamette Meridian, in the County of Klamath, State of Oregon.

Dated: 4/18-03

Lucille Darlene Best
LUCILLE DARLENE BEST

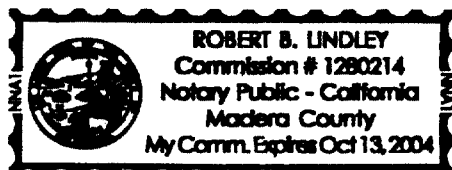
CERTIFICATE OF ACKNOWLEDGMENT

State of California
County of Madera

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WITNESS my hand and official seal.




Signature Robert B. Lindley



CERTIFICATE OF DEATH 30272

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-92-20-000257

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) EDWARD		1B. MIDDLE UDONA	1C. LAST (FAMILY) BEST
4. RACE WHITE		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR FEBRUARY 19, 1921
8. STATE OF BIRTH OK		9. CITIZEN OF WHAT COUNTRY USA	7. AGE IN YEARS 71
10A. FULL NAME OF FATHER EDWARD M. BEST		10B. STATE OF BIRTH AL	11A. FULL MAIDEN NAME OF MOTHER GEORGIA MAE BEARD
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 447-16-2645	14. MARITAL STATUS MARRIED
15A. USUAL OCCUPATION CONTRACTOR		15B. USUAL KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	15C. USUAL EMPLOYER SELF-EMPLOYED
16A. USUAL RESIDENCE—STREET AND NUMBER OR LOCATION 50347 HIDDEN FALLS DRIVE		16B. CITY OAKHURST	16C. ZIP CODE 93644
17A. PLACE OF DEATH OWN RESIDENCE		17B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ---	17C. COUNTY MADERA
18A. STREET ADDRESS—STREET AND NUMBER OR LOCATION 50347 HIDDEN FALLS DRIVE		18B. CITY OAKHURST	18C. ZIP CODE 93644
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) MALIGNANT CACHEXIA		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 7484 <input type="checkbox"/> NO	
23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NO	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO		27. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER 	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 4-29-91		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS PETER S. WITTLINGER, M.D. 3636 N. FIRST, FRESNO, CA	
27C. CERTIFIER'S LICENSE NUMBER G039191		27D. DATE SIGNED 6-9-92	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined ---		30A. PLACE OF INJURY ---	
30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR		31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DATE MO, DAY, YEAR 6-11-92	
34A. DISPOSITION(S) CR/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS LUCILLE BEST 50347 HIDDEN FALLS DR. OAKHURST, CA	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) SIERRA FUNERAL CHAPEL		35B. LICENSE NO. FD-1019	
36. SIGNATURE OF EMBALMER NOT EMBALMED		37. SIGNATURE OF LOCAL REGISTRAR 	
38. REGISTRATION DATE 6-11-92 lh		39. CENSUS TRACT	

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFICATION STATEMENT

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
SIGNATURE OF CERTIFYING OFFICIAL

OFFICIAL TITLE

Madera County Public Health Dept
PLACE OF CERTIFICATION

JUN 29 1992
DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-199
50559-480 2-72 20M © DSP

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