

After Recording Return to:
James Lynch, Trustee
Christine Lynch, Trustee
20331 Fullbright Place
Chatsworth, Ca. 91311
Until a change is requested all tax statements
Shall be sent to the following address:

A-58688

Vol M04 Page 11777

State of Oregon, County of Klamath
Recorded 03/01/2004 1:35 p m
Vol M04 Pg 11 777-78
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

WARRANTY DEED
(INDIVIDUAL)

BETTY JANE BICE, herein called Grantor, convey(s) to JAMES LYNCH AND CHRISTINE LYNCH, TRUSTEES OF THE LYNCH FAMILY 2003 TRUST DATED JANUARY 13, 2003, herein called Grantee all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lots 4 and 5, Block 41, FOURTH ADDITION TO NIMROD RIVER PARK, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$4,000.00.
(here comply with the requirements of ORS 93.930)

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.

Dated February 23, 2004.

Betty Jane Bice
BETTY JANE BICE

STATE OF CALIFORNIA, County of LA ss.

On 2-26-, 2004 personally appeared the above named BETTY JANE BICE and acknowledged the foregoing instrument to be her voluntary act and deed.

This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00058688

Before me: Irving Selman
Notary Public for California
My commission expires: 10-3-06

Official Seal



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

11778

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED — FIRST (Given)		2. LAST (Family)	
JOHN		THOMAS BICE	
3. MIDDLE			
THOMAS			
4. DATE OF BIRTH			
07/17/1922			
5. AGE Yrs			
80			
6. SEX			
M			
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
MISSOURI		395-16-2225	
9. EVER IN U.S. ARMED FORCES?		10. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
11. US CITIZENSHIP (Indicate Legitimacy (see instruction on back))		12. DATE OF DEATH	
11		05/18/2003	
13. DECEASED'S RACE — Up to 3 races may be listed (see instruction on back)		14. HOURS (24 Hours)	
CAUCASIAN		2315	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
RECONDITIONING MANAGER		AUTOMOTIVE	
17. DECEASED'S RESIDENCE (Street and number or location)		18. YEARS IN OCCUPATION	
16433 CLYMER STREET		55	
19. CITY		20. STATE/FOREIGN COUNTRY	
GRANADA HILLS		CA	
21. COUNTY/PROVINCE		22. ZIP CODE	
LOS ANGELES		91344	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
57		CA	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
BETTY BICE, WIFE		16433 CLYMER STREET, GRANADA HILLS, CA 91344	
27. NAME OF SURVIVING SPOUSE — FIRST		28. MIDDLE	
BETTY		JANE	
29. NAME OF FATHER — FIRST		30. LAST	
BLAIR		SEDENKA	
31. NAME OF MOTHER — FIRST		32. MIDDLE	
NINA		-	
33. NAME OF FATHER — FIRST		34. LAST	
-		BICE	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
-		HOUCK	
37. NAME OF FATHER — FIRST		38. LAST	
-		HOUCK	
39. DATE OF DEATH		40. PLACE OF FINAL DISPOSITION	
05/24/2003		RES: BETTY BICE, 16433 CLYMER STREET, GRANADA HILLS, CA 91344	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
PRAISWATER MEYER MITCHELL MORTUARY		FDS49	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE	
PROVIDENCE HOLY CROSS MED. CTR.		<input checked="" type="checkbox"/> IP <input type="checkbox"/> SWOP <input type="checkbox"/> DOA	
47. COUNTY		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
LOS ANGELES		Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other <input type="checkbox"/>	
49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		50. CITY	
15031 RINALDI STREET		MISSION HILLS	
51. CAUSE OF DEATH		52. DEATH REPORTED TO CORONER?	
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter traumatic events such as motor vehicle accident, respiratory arrest, or ventricular fibrillation without describing the etiology. DO NOT abbreviate.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		53. TIME ELAPSED BETWEEN ONSET AND DEATH	
CARDIORESPIRATORY ARREST		10 MINS.	
54. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		55. BIOPSY PERFORMED?	
CARCINOMA OF RIGHT LUNG		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTS IN THE UNDERLYING CAUSE GIVEN IN 51		57. AUTOPSY PERFORMED?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 56? (If yes, list type of operation and date.)		59. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
60. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF OF STATE.		61. SIGNATURE AND TITLE OF CERTIFIER	
62. DATE		63. LICENSE NUMBER	
04/04/1996		G40018	
64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		65. DATE	
SAMUEL NOGUL, M.D., 14901 RINALDI ST., #200, MISSION HILLS, CA 91345		05/21/2003	
66. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF OF STATE.		67. INJURED AT WORK?	
68. MANNER OF DEATH		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURY DATE	
71. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		72. HOUR (24 Hours)	
73. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		74. SIGNATURE OF CORONER / DEPUTY CORONER	
75. DATE		76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
77. STATE REGISTRATION		78. FAX AUTH. #	
A B C D E		197/3110	
79. CENSUS TRACT		80. 166 1801 48	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE