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John Robinson Phibbs, Jr.
5475 Burford St.
San Diego, CA 92111

Grantor's Name and Address

Timothy W. and Erika A. Williams
24 Lombak Rte.
King City, CA 93930

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Timothy and Erika Williams
24 Lombak Rte.
King City, CA 93930

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Timothy and Erika Williams
24 Lombak Rte.
King City, CA 93930

Vol 0004 Page 17562

State of Oregon, County of Klamath
Recorded 03/30/2004 9:58 AM
Vol M04 Pg 175102-103
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

SPACE RESERVED
FOR
RECORDER'S USE

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

John Robinson Phibbs, Jr.

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by Timothy and Erika Williams

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

Klamath Forest Estates, Block 6, Lot 29

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state): none

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 100. ☐ However, the actual consideration consists of or includes other property or value given or promised which is ☒ the whole ☐ part of the (indicate which) consideration. ☐ (The sentence between the symbols ☐, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on 3-20-04; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

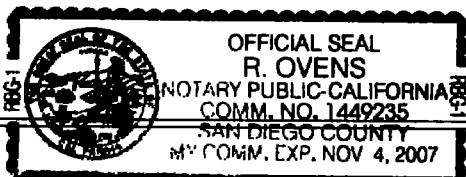
John R Phibbs Jr
5475 Burford St
San Diego, CA 92111

STATE OF California, County of San Diego ss.

This instrument was acknowledged before me on March 20, 2004 by John Robinson Phibbs Jr

This instrument was acknowledged before me on March 20, 2004 by John Robinson Phibbs Jr

as Property owner of Klamath Forest Estates, Block 6, Lot 29



Notary Public for Oregon California
My commission expires 11/4/07

26,50P

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200137 017321

MAR 30 AM 9:55

STATE FILE NUMBER		USE BLACK INK ONLY AND ENTRIES, WITHOUT OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
Carole		Ann		Phibbs	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		7. DATE OF DEATH M/M/DD/CCYY	
10/24/1950		51		11/09/2001	
6. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
KS		555-80-5716		F	
14. RACE		16. HUSBAND—SPECIFY		15. MARITAL STATUS	
White		[] YES [X] NO		Married	
17. OCCUPATION		18. KIND OF BUSINESS		13. EDUCATION—YEARS COMPLETED	
Pharmacy Technician		Out-patient Pharmacy		14	
19. USUAL EMPLOYER		19. USUAL EMPLOYER		19. USUAL EMPLOYER	
Kaiser Permanente		Kaiser Permanente		Kaiser Permanente	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)	
5475 Burford Street		5475 Burford Street		5475 Burford Street	
21. CITY		22. COUNTY		23. ZIP CODE	
San Diego		San Diego		92111	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY		24. YRS IN COUNTY	
35		CA		35	
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		26. NAME, RELATIONSHIP	
John R. Phibbs, Husband		5475 Burford Street, San Diego, CA 92111		John R. Phibbs, Husband	
28. NAME OF SURVIVING SPOUSE—FIRST		28. MIDDLE		28. LAST (MAIDEN NAME)	
John		Robinson		Phibbs	
29. NAME OF FATHER—FIRST		29. MIDDLE		29. LAST	
Paul		Tyrus		Petty	
30. NAME OF MOTHER—FIRST		30. MIDDLE		30. LAST (MAIDEN)	
Marjorie		-		Kopp	
31. BIRTH STATE		31. BIRTH STATE		31. BIRTH STATE	
OK		OK		OK	
32. BIRTH STATE		32. BIRTH STATE		32. BIRTH STATE	
WI		WI		WI	
33. DATE M/M/DD/CCYY		34. PLACE OF FINAL DISPOSITION		33. DATE M/M/DD/CCYY	
11/13/2001		AT SEA OFF THE COAST OF SAN DIEGO COUNTY		11/13/2001	
35. TYPE OF DISPOSITION		36. SIGNATURE OF FUNERAL HOME		37. LICENSE NO.	
CR/SEA		not embalmed		-	
38. NAME OF FUNERAL DIRECTOR		39. LICENSE NO.		40. SIGNATURE OF LOCAL REGISTRAR	
Balboa Cremation Services		FD1370		41. DATE M/M/DD/CCYY	
41. DATE M/M/DD/CCYY		42. SIGNATURE OF LOCAL REGISTRAR		43. DATE M/M/DD/CCYY	
11/13/2001		44. SIGNATURE OF LOCAL REGISTRAR		11/13/2001	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE		47. FACILITY OTHER THAN HOSPITAL	
Pacific Regent		[] IF [] HOSP [] HDA [] HDA		[] HOSP [] HDA [] HDA	
48. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		49. CITY		50. COUNTY	
38R4 Nobel Drive		La Jolla		San Diego	
51. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		52. DEATH REPORTED TO CORNER		53. DEATH REPORTED TO CORNER	
(A) Metastatic Cervical Adenocarcinoma		[] YES [X] NO		[] YES [X] NO	
DUE TO (B)		[] YES [X] NO		[] YES [X] NO	
DUE TO (C)		[] YES [X] NO		[] YES [X] NO	
DUE TO (D)		[] YES [X] NO		[] YES [X] NO	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 51		55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 52? IF YES, LIST TYPE OF OPERATION AND DATE.		56. SIGNATURE AND TITLE OF CERTIFIER	
Total Abdominal Hysterectomy/Bilateral salpingo-oophorectomy --/--/1994		57. SIGNATURE AND TITLE OF CERTIFIER		58. LICENSE NO.	
59. SIGNATURE AND TITLE OF CERTIFIER		60. LICENSE NO.		61. DATE M/M/DD/CCYY	
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