

04 JUL 26 PM1:32

William E. & Dolores H. Day
% Robert Day, Rep
3605 Monte Carlo Dr
Oxnard, CA 93035

Grantor's Name and Address

Klamath County
305 Main St, Rm 238
Klamath Falls, OR 97601

Grantee's Name and Address

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

Klamath County
305 Main St, Rm 238
Klamath Falls, OR 97601

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

Klamath County
305 Main St, Rm 238
Klamath Falls, OR 97601

Vol M04 Page 48746

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath
Recorded 07/26/004 1:32 pm
Vol M04 Pg 48746-51
Linda Smith, County Clerk
Fee \$ NC # of Pgs 6

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that William E. Day and Dolores H. Day, Trustees of the Day Revocable

Family Trust

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto _____
Klamath County, a political subdivision of the State of Oregon

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in 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:

Lot 9, Block 12, Chiloquin Drive Addition To Chiloquin, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Subject to covenants, conditions, reservations, easements, restrictions, rights, rights of way and all matters appearing of record.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$Forbearance of Foreclosure.
~~*However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (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 _____; 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.

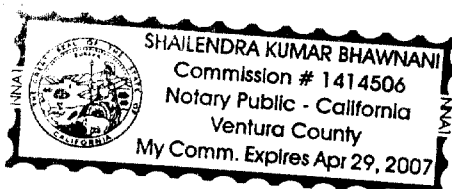
Rowt 2 Dr TRUSTEE
William E. Day

Dolores H. Day

STATE OF CALIFORNIA, County of VENTURA ss.

This instrument was acknowledged before me on July 20th 2004
by Robert Lee Day only

This instrument was acknowledged before me on _____
by ROBERT L DAY
as TRUSTEE
of DAY SURVIVORS TRUST

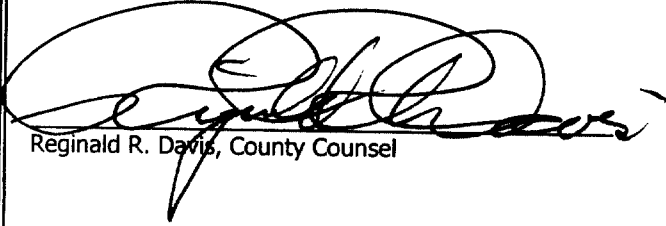


pe Meun
Notary Public for California
My commission expires 4-29-07

48747

First Endorsement:

The "Forbearance of Foreclosure" stated as consideration of this deed satisfies the requirements of approval of Klamath County required by ORS 93.808.

A handwritten signature in black ink, appearing to read 'Reginald R. Davis', is written over a horizontal line. The signature is fluid and cursive, with the last name 'Davis' being particularly prominent.

Reginald R. Davis, County Counsel

CERTIFICATION OF VITAL RECORD

48748

H-13279

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

I.D. TAG NO.

348

Local File Number

136-

State File Number

1. DECEDENT'S NAME First: William Middle: Everett Last: DAY			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 18, 1998
4. SOCIAL SECURITY NUMBER 394-24-9313		5a. AGE-Last Birthday (Years) 68	5b. Under 1 Year Mos. Days Hours Mins	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Sheboygan, WI.			7. DATE OF BIRTH (Month, Day, Year) July 16, 1930	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Account Manager		10b. KIND OF BUSINESS/INDUSTRY Electric Utility		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Dolores H.				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2359 Marina Drive
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4				
17. FATHER - NAME first middle last John William Everett Day			18. MOTHER - NAME first middle maiden Avis Josephine McPike	
19. INFORMANT - NAME and relationship to deceased Dolores Day / Wife				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles R. Kell</i>		21b. OREGON LICENSE NO. (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601
23. DATE FILED (Month, Day, Year) JUL 20 1998		24. REGISTRAR'S SIGNATURE <i>Evelyn Simmons</i>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1210 hrs M <input type="checkbox"/> <input checked="" type="checkbox"/> No	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Jon G. McKeller</i>			
30. DATE SIGNED (Month, Day, Year) 7/20/98			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Jon G. McKeller, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. DATE SIGNED (Month, Day, Year)		COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <i>Arteriosclerotic Cardiovascular Disease</i>		Interval between onset and death 10 years	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Alcoholism / COPD / DM Type 2</i>		37. Did toxic use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> <input checked="" type="checkbox"/> No	41c. INJURY AT WORK? M <input type="checkbox"/> <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

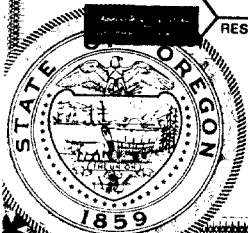
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

JUL 21 1998

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



AMENDMENT TO
THE DAY SURVIVOR'S TRUST
U/A DATED JULY 25, 1989

48749

On July 25, 1989, WILLIAM E. DAY and DOLORES H. DAY created the DAY REVOCABLE FAMILY TRUST by a Declaration of Trust. On July 18, 1998, WILLIAM E. DAY died. Pursuant to the terms of the trust, the trust is divided into two shares known as the DAY SURVIVOR'S TRUST and the DAY EXEMPTION TRUST. Pursuant to Article 2, Section 2.02, DOLORES H. DAY, as the surviving settlor, has the power to alter, amend or revoke the DAY SURVIVOR'S TRUST in whole or in part by an instrument in writing signed by the surviving settlor and delivered to the trustee.

Pursuant to her power to amend the trust, DOLORES H. DAY hereby amends Article 1, Section 1.04 and Article 6, Section 6.15, Paragraph A. of the DAY SURVIVOR'S TRUST by deleting said sections in full and replacing said sections with the following new section:

Section 1.04. Designation of Trustees. DOLORES H. DAY and ROBERT L. DAY shall act as co-trustees of the Day Survivor's Trust. During their joint lifetime and while either DOLORES H. DAY or ROBERT L. DAY is serving as a co-trustee, either of them acting alone shall be empowered to act to bind the trust for any transactions regarding trust bank accounts, brokerage accounts, or other financial accounts. If DOLORES H. DAY for any reason ceases to act as co-trustee, ROBERT L. DAY shall act as sole trustee. If both DOLORES H. DAY and ROBERT L. DAY cease to act as trustees, the following persons shall act as successor trustees in the order indicated:

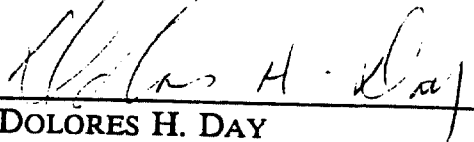
First Successor Trustee: WILLIAM T. DAY

Second Successor Trustee: MICHAEL B. DAY

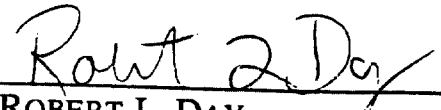
If all trustees designated herein fail to qualify or cease to act as trustee of a trust created herein, a majority of its current adult beneficiaries shall have the right to designate its successor trustee. For the purposes of this instrument, a trustee shall be deemed to have ceased to act as trustee upon the trustee's resignation, incapacity, death, or removal by a court of competent jurisdiction. Incapacity shall be conclusively established if two licensed physicians issue written certificates to that effect. Anyone dealing with the trust may rely on the written medical certificates presented to them by the co-trustee or successor trustee, and shall incur no liability to any beneficiary for any dealings with the co-trustee or successor trustee in good faith reliance on the certificates.

In all other respects, the existing trust is hereby ratified and confirmed. The undersigned trustees agree to hold, administer, and distribute the trust estate as provided in this amendment and the trust instrument.

Dated: November 1, 1998



DOLORES H. DAY
Surviving Settlor and Trustee



ROBERT L. DAY
Trustee

STATE OF OREGON

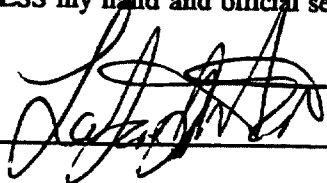
COUNTY OF Klamath

)
)ss.

48750

On November 9, 1998, before me, Lori Jane Thornton,
a notary public in and for said state, personally appeared DOLORES H. DAY
personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names
are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized
capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the
persons acted, executed the instrument.

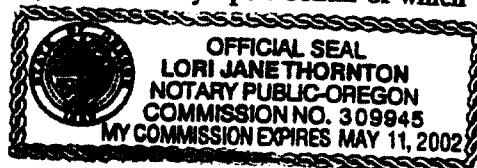
WITNESS my hand and official seal.



, Notary Public

5/11/2002

(Notarial Stamp or Seal)



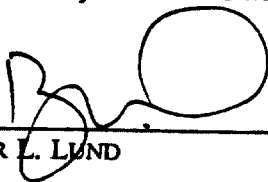
STATE OF CALIFORNIA

COUNTY OF VENTURA

)
)ss.

On November 2, 1998, before me, ROGER L. LUND,
a notary public in and for said state, personally appeared ROBERT L. DAY
personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names
are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized
capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the
persons acted, executed the instrument.

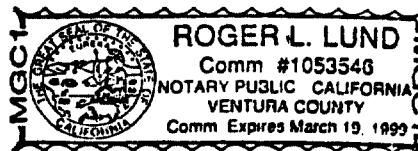
WITNESS my hand and official seal.



ROGER L. LUND

, Notary Public

(Notarial Stamp or Seal)



CERTIFICATION OF VITAL RECORD

48751

PERMANENT
BLACK INK

H-20758

I.D. TAG NO.

15

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

1. DECEDENT'S NAME Dolores Helen DAY			2. SEX Female		3. DATE OF DEATH (Month, Day, Year) January 11, 2000	
4. SOCIAL SECURITY NUMBER 394-24-8127		5a. AGE - Last Birthday (Years) 71	5b. Under 1 Year Mos	5c. Under 1 Day Hours	6. BIRTHPLACE (City and State or Foreign Country) Sheboygan, WI.	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ERF/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) 2359 Marina Drive			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Credit Manager		10b. KIND OF BUSINESS/INDUSTRY Banking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) William E.
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2359 Marina Drive
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE American Indian, Black, White, etc. (Specify) White
17. FATHER - NAME first middle last Thomas Matt Schrimpf		18. MOTHER - NAME first middle maiden Caroline - Gessl		19. INFORMANT - NAME and relationship to decedent Michael Day - Son		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James N. Beggs MD</i>		21b. OREGON LICENSE NO. (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601		
23. DATE FILED (Month, Day, Year) JAN 13 2000		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>				

RESERVED FOR REGISTRAR'S USE

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE

15

16

17

CAUSE OF
DEATH

TO BE COMPLETED BY CERTIFYING PHYSICIAN				BY MEDICAL EXAMINER			
27. TIME OF DEATH 1505 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>James N. Beggs MD</i>				32. 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 stated (Signature)			
30. DATE SIGNED (Month, Day, Year) 1/12/00				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. PART I (a) Carcinoma of Colon DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death 4 mos.			
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS II NIDDM, Hypertension, CHF				Interval between onset and death			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK?	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route, Number, City or Town, State)					

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

JAN 13 2000

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

