

Recording Requested By:

Kathryn S. Savage
28870 Leon Road
Winchester, CA 92596

When Recorded Mail To:

RT Jennifer A. Bridges
515 E. Main Street
Ashland, OR 97520

Mail Tax Statements To:

Leslie P. Savage and Kathryn S. Savage
28870 Leon Road
Winchester, CA 92596

Vol M04 Page 81446

State of Oregon, County of Klamath

Recorded 11/26/04 10:05 A m

Vol M04 Pg 81446-47

Linda Smith, County Clerk

Fee \$ 26 # of Pgs 2

(This Space for Recorder's Use)

04 NOV 26 AM 10:05

GIFT DEED

DOLORES S. WESTBROOK hereby conveys unto LESLIE P. SAVAGE and KATHRYN S. SAVAGE, husband and wife, all of her interest in that real property situated in Klamath County, State of Oregon and described as:

Lot 13, Block 6, of Latakomic Shores according to the duly recorded plat thereof on file in the official records of said county.

This conveyance is intended to be a gift from the undersigned and there is no consideration for this transfer.

DATED: NOVEMBER 17, 2004.

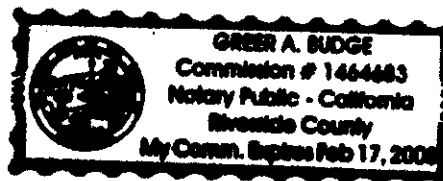
Dolores S. Westbrook
DOLORES S. WESTBROOK

State of CALIFORNIA)
County of RIVERSIDE)

On 11-17-2004 before me, the undersigned Notary Public, personally appeared Dolores S. Westbrook, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

WITNESS my hand and official seal

John A. Budge
Notary Public in and for this state



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

81447

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39219014043

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (Given)		1B. MIDDLE		1C. LAST (Family)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		RAYMOND		HAROLD		WESTBROOK		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 2C. SEX	
4. RACE		5. MARRIAGE—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. UNDER 1 YEAR OF LIFE IN MONTHS DAYS HOURS MINUTES	
Cauc.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Nov. 3, 1923		68		1600 M	
9. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MARRIAGE NAME OF MOTHER	
IL		USA		Benjamin H. Westbrook		IL		Edith Morgan	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MARRIAGE NAME		11B. STATE OF BIRTH	
19 TO 19 <input checked="" type="checkbox"/> NONE		357-20-8047		Married		Dolores S. Hicks		IL	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
Warehouseman		Electronics		Ling Altech		26		12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE		18D. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF DECEASED			
3667 Valley Blvd #222		Los Angeles		Pomona		91768			
19A. PLACE OF DEATH		19B. NUMBER OF YEARS IN THIS COUNTRY		19C. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF DECEASED			
Hillhaven Conv. Center		14		California		Dolores S. Westbrook-wife			
14D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		14E. CITY		14F. STATE		3667 Valley Blvd. #222			
590 S. Indian Hill Blvd.		Claremont		Pomona, CA 91768					
21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		22. WAS DEATH REPORTED TO CORONER?		23. WAS DEATH REPORTED TO CORONER?		24. WAS AUTOPSY PERFORMED?		25. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
IMMEDIATE CAUSE (A) Hepatic failure		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6 mons.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Hemochromatosis		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5 mons.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Nephrotic syndrome		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5 mons.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE STATED IN 21		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 26?		27A. YES, LIST TYPE OF OPERATION AND DATE.		27B. YES, LIST TYPE OF OPERATION AND DATE.			
diabetes mellitus		No							
27A. DECEASED ATTENDED SINCE DECEASED LAST SURVIVED MONTH DAY, YEAR		27B. SIGNATURE AND TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED			
10-24-91 3-23-95		John Halsey, M.D. 130 Harvard, Claremont, CA		C 13757		3-24-92			
28. MANNER OF DEATH—KIND OF INJURY, POISON, SUICIDE, HOMICIDE, OR OTHER, INCLUDING PRELIMINARY DESCRIPTION OF CAUSE NOT TO BE DETERMINED		29A. PLACE OF INJURY		29B. INJURY AT WORK		29C. DATE OF INJURY MONTH, DAY, YEAR		29D. HOUR	
30A. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
31. DISPOSITION(S)		32. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		33. DATE MO. DAY, YEAR		34. SIGNATURE OF EMBALLER		35. LICENSE NUMBER	
BU		Hillside Memorial Park		3-27-92		James L. Spurlin		5092	
36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
Todd Memorial Chapel		110		Robert C. White		MAR 25 1992			
STATE REGISTRAR		A. B. C. D. E. F.		CENSUS TRACT					

3-11 (REV. 3-91) 353

MAKE NO ERASURES, WHITOUTS, OR OTHER ALTERATIONS

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
 REGISTRAR-RECORDER/COUNTY CLERK

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

DEC 03 2003

100001682

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE