'04 DEC 16 PM 3:23

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State of Oregon, County of Klamath
Recorded 12/16/04 3:23 P m
Vol M04 Pg 86161-62
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

APPOINTMENT OF SUCCESSOR TRUSTEE

MT 67581-LW

Pursuant to ORS 86 790 (3), the present beneficiary hereby appoints AMERITITLE as successor trustee of the following designated Trust Deed, said successor-trustee having all the power of the original trustee, effective herewith:

Grantor: STEVEN J. ~~TRYHOLM~~ TYRHOLM
Trustee: KLAMATH COUNTY TITLE
Beneficiary: JEANNE M. DORE AND ROSE G. YOUNG SUBSEQUENTLY ASSIGNED TO EDWARD C. DORE AND JEANNE M. DORE
Recorded: NOVEMBER 28, 1979
Book/Page: M79, PAGE 27620
Records of: KLAMATH County, OR
Dated: NOVEMBER 13,1979

Deceased
EDWARD C. DORE
Jeanne M. Scott (formerly Jeanne M. Dore)
JEANNE M. DORE

STATE OF CALIFORNIA

SS. Dec 01 2004
COUNTY OF VENTURA

The foregoing instrument was acknowledged before me this 1ST day of December, 2004, by ~~EDWARD C. DORE AND~~ JEANNE M. DORE Nau Scott

WITNESS My hand and official seal. (seal)

P L Fairchild
Notary Public
State of California
My Commission expires: 10-28-05

P. L. FAIRCHILD
COMM. # 1326957
NOTARY PUBLIC-CALIFORNIA
VENTURA COUNTY
My Commission Expires OCT. 28, 2005

AFTER RECORDING RETURN TO:

AMERITITLE
ESCROW # 67581-LW

CERTIFICATION OF VITAL RECORD

86162

# COUNTY OF VENTURA

VENTURA, CALIFORNIA

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 11/96)

STATE FILE NUMBER: 3 1998 56 000452 — LOCAL REGISTRATION NUMBER

**DECEDENT PERSONAL DATA**

| 1. NAME OF DECEDENT—FIRST (GIVEN) | 2. MIDDLE | 3. LAST (FAMILY) |
|---|---|---|
| EDWARD | CORNELIUS | DORE, JR |

| 4. DATE OF BIRTH MM/DD/CCYY | 5. AGE YRS. | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES | 6. SEX | 7. DATE OF DEATH MM/DD/CCYY | 8. HOUR |
|---|---|---|---|---|---|---|
| 04/22/1929 | 68 | | | MALE | 01/28/1998 | 1315 |

| 9. STATE OF BIRTH | 10. SOCIAL SECURITY NO. | 11. MILITARY SERVICE | 12. MARITAL STATUS | 13. EDUCATION—YEARS COMPLETED |
|---|---|---|---|---|
| IL | 354-24-3930 | ☐ YES ☒ NO | MARRIED | 16 |

| 14. RACE | 15. HISPANIC—SPECIFY | 16. USUAL EMPLOYER |
|---|---|---|
| CAUCASIAN | ☐ YES ☒ NO | SELF |

| 17. OCCUPATION | 18. KIND OF BUSINESS | 19. YEARS IN OCCUPATION |
|---|---|---|
| BROKER | REAL ESTATE | 30 |

**USUAL RESIDENCE**

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 954 SANDPIPER COURT

| 21. CITY | 22. COUNTY | 23. ZIP CODE | 24. YRS IN COUNTY | 25. STATE OR FOREIGN COUNTRY |
|---|---|---|---|---|
| VENTURA | VENTURA | 93001 | 23 | CALIFORNIA |

**INFORMANT**

| 26. NAME, RELATIONSHIP | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) |
|---|---|
| JEANNE M. DORE-WIFE | 954 SANDPIPER COURT VENTURA, CA 93001 |

**SPOUSE AND PARENT INFORMATION**

| 28. NAME OF SURVIVING SPOUSE—FIRST | 29. MIDDLE | 30. LAST (MAIDEN NAME) | |
|---|---|---|---|
| JEANNE | M. | McDONOUGH | |
| 31. NAME OF FATHER—FIRST | 32. MIDDLE | 33. LAST | 34. BIRTH STATE |
| EDWARD | CORNELIUS | DORE | NE |
| 35. NAME OF MOTHER—FIRST | 36. MIDDLE | 37. LAST (MAIDEN) | 38. BIRTH STATE |
| ELIZABETH | - | WEBER | WI |

**DISPOSITION(S)**

| 39. DATE MM/DD/CCYY | 40. PLACE OF FINAL DISPOSITION |
|---|---|
| 02/02/1998 | 3 MILES OFF THE COAST OF VENTURA, CA |

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

| 41. TYPE OF DISPOSITION(S) | 42. SIGNATURE OF EMBALMER | 43. LICENSE NO. |
|---|---|---|
| CR/SEA | ▶ NOT EMBALMED | - |
| 44. NAME OF FUNERAL DIRECTOR | 45. LICENSE NO | 46. SIGNATURE OF LOCAL REGISTRAR | 47. DATE MM/DD/CCYY |
| CABOT & SONS | FD 341 | ▶ Paul Pinsdale MD MW | 02/02/1998 MW |

**PLACE OF DEATH**

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA | 103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOSP ☐ RES CARE ☐ OTHER | 104. COUNTY |
|---|---|---|---|
| RESIDENCE | | | VENTURA |

| 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION | 106. CITY |
|---|---|
| 954 SANDPIPER COURT | VENTURA |

**CAUSE OF DEATH**

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

| | | TIME INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) PICK'S DISEASE | 6 YRS. |
| DUE TO | (B) | |
| DUE TO | (C) | |
| DUE TO | (D) | |

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER: 248-98

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☒ YES ☐ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

**PHYSICIAN'S CERTIFICATION**

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

| DECEDENT ATTENDED SINCE MM/DD/CCYY | DECEDENT LAST SEEN ALIVE MM/DD/CCYY |
|---|---|
| 12/15/1997 | 01/26/1998 |

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ LANYARD K. DIAL M.D.

| 116. LICENSE NO | 117. DATE MM/DD/CCYY |
|---|---|
| G48637 | 01/30/1998 |

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: LANYARD K. DIAL, M.D., 3170 LOMA VISTA RD. VENTURA, CA 93003

**CORONER'S USE ONLY**

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

| 120. INJURY AT WORK | 121. INJURY DATE MM/DD/CCYY | 122. HOUR | 123. PLACE OF INJURY |
|---|---|---|---|
| ☐ YES ☐ NO | | | |

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

| 126. SIGNATURE OF CORONER OR DEPUTY CORONER | 127. DATE MM/DD/CCYY | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER |
|---|---|---|
| ▶ | | |

**STATE REGISTRAR**

| A | B | C | D | E | F | G | H | FAX AUTH. # | CENSUS TRACT |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 78809 | |

280384

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA } SS

DATE ISSUED 02 / 06 / 1998

This is a true and exact reproduction of the document officially registered and place on file in the Vital Records Section, Ventura County Public Health Department, If it bares the date of issue in red ink.

Paul Pinsdale MD
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE