EA

'05 MAY 3 AM 9:04

Samuel Cobb
1765 MORRISON ST
PASADENA CA 91106
Grantor's Name and Address

SAMUEL McNAIR AND TANYA C Cobb
3060 EL NIDO DR
ALTADENA CA 91001
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
3060 EL NIDO DR
ALTADENA CA 91001
Samuel McNair & Tanya C. Cobb

Until requested otherwise, send all tax statements to (Name, Address, Zip):
SAMUEL McNAIR & TANYA C Cobb
3060 EL NIDO DR
ALTADENA CA 91001

Vol M05 Page 31589

State of Oregon, County of Klamath
Recorded 05/03/2005 9:04a m
Vol M05 Pg 31584-89C
Linda Smith, County Clerk
Fee $ 36.00 11.00 opa # of Pgs 4 eputy.

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Samuel Cobb, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Samuel McNair Cobb & Tanya C Cobb, 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:

Prop ID R391276 Real Estate

MAP TAX LOT R-3711-022DO-03500-000

Legal Klamath Falls Forest Estate Hwy 66
Plate # 4 Block 91 Lot 38

(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 $ 1.00 ① 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.① (The sentence between the symbols ①, 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 Feb 14 2005; 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.

Samuel Cobb

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.

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on 2.14.05,
by Samuel Cobb.

This instrument was acknowledged before me on ,
by
as

OFFICIAL SEAL
PAULA J. HARRIS
NOTARY PUBLIC-OREGON
COMMISSION NO. 387199
MY COMMISSION EXPIRES NOV. 29, 2008

Paula J Harris
Notary Public for Oregon
My commission expires Nov 29, 2008

36.00
11 opa

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

31589A

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 39019004756
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
Bessie	Alma	Cobb	January 26, 1990	0230	Female

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Black/American	☐ YES ☒ NO	July 14, 1929	60				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
MS	U.S.A.	Thomas McGriff	GA	Bertha Crook	MI

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE OR WIFE	ENTER MAIDEN NAME
19 ___ TO 19 ___ ☒ NONE	296-26-0348	Married	Bertha Crook	1 OF 3

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Administrative Assistant	Co. Gov't.	Los Angeles Co.	31	18

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1765 Morrison Street	Pomona	91766

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	36	California	Samuel Cobb-Husband 1765 Morrison Street Pomona, CA 91766

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Intercommunity Medical Center	ER	Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
303 N. 3rd Street	Covina

CAUSE OF DEATH

TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
	☒ YES 90-50416 ☐ NO

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

		TIME INTERVAL	23. WAS BIOPSY PERFORMED?
IMMEDIATE CAUSE (A)	Pancreatic Carcinoma	Months	☒ YES ☐ NO
DUE TO (B)			24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
DUE TO (C)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
Hepatic Failure	Exploratory Laporatomy 11/26/89

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
	Robert A Woods MD	G51755	1/26/90

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
12/18/89	1/4/90	Robert A. Woods, M.D. 887 E. 2nd St. Pomona, CA

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Entombment	3900 S Workman Mill Road Whittier, CA 90608	Feb.1,1990	Jerry Embry	6989

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Rose Hills Mortuary-Whittier, CA	FD-970	Rubus Mata	FEB 1 1990

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 3-89) 1579 MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS 04-9-1-0413

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

CONNY B. McCORMACK
Registrar-Recorder/County Clerk

FEB 22 2005

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

31589 B

AFFIDAVIT TO AMEND A RECORD

903406

STATE FILE NUMBER ☐ BIRTH ☒ DEATH ☐ FETAL DEATH 3901900475G
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1A. NAME–FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
Bessie	Alma	Cobb

2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
Female	January 26, 1990	Covina	Los Angeles

5. FULL NAME OF FATHER	6. FULL MAIDEN NAME OF MOTHER
Thomas McGriff	Bertha Crook

2 OF 3

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
1A.-1C.	Bessie Alma Cobb	Bessie Alma Cobb
		AKA; Bessie Alma McGriff

REASON FOR CORRECTION 9. To Show AKA.

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	10C. DATE SIGNED
▶ Krystine M. Serrano Krystine M. Serrano	Mortuary Clerk	Jan.31,1990

10D. AGE OF PERSON COMPLETING THE AFFIDAVIT	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
Adult	Rose Hills Mortuary, Inc. 3900 Workman Mill Road, Whittir, CA 90608

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	11C. DATE SIGNED
▶ Tressia T. Bell Tressia T. Bell	Mortuary Clerk	Jan.31,1990

11D. AGE OF PERSON COMPLETING THE AFFIDAVIT	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
Adult	Rose Hills Mortuary, Inc. 3900 Workman Mill Road, Whittier, CA 90608

STATE/LOCAL REGISTRAR USE ONLY

12. OFFICE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
▶ Robert B. Matte	MAR 1 1990

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 24 (REV. 1/89) 89 50348

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Conny B. McCormack

CONNY B. McCORMACK
Registrar-Recorder/County Clerk

FEB 22 2005

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

31589C

AFFIDAVIT TO AMEND A RECORD

908681

90-031875 — STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

39019004756 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

KF

1A. NAME–FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
Bessie	Alma	Cobb

2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
Female	January 26, 1990	Covina	Los Angeles

5. FULL NAME OF FATHER	6. FULL MAIDEN NAME OF MOTHER
Thomas McGriff	Bertha Crook

PART II STATEMENT OF CORRECTIONS

3 OF 3

LIST ONE ITEM PER LINE

7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
15	Bertha Crook	Samuel Cobb

REASON FOR CORRECTION — 9. Incorrect name

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	10C. DATE SIGNED
▶Samuel Cobb — Samuel Cobb	Husband	5/11/90

10D. AGE OF PERSON COMPLETING THE AFFIDAVIT	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
Adult	1765 Morrison Street Pomona, CA 91766

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	11C. DATE SIGNED
▶Roger Bernabe — Roger Bernabe	Mortuary Clerk	April 19, 1990

11D. AGE OF PERSON COMPLETING THE AFFIDAVIT	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
Adult	3900 South Workman Mill Road Whittier, CA 90608

STATE/LOCAL REGISTRAR USE ONLY

12. OFFICE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
▶ Office of State Registrar of Vital Statistics	JUN 12 1990

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 24 (REV. 1/89)

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CONNY B. McCORMACK
Registrar-Recorder/County Clerk

019195705

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