'05 MAY 19 AM 0:22

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RECORDING REQUESTED BY:
Hacienda Estates Escrow

AND WHEN RECORDED MAIL TO:
AND MAIL TAX STATEMENT TO:
Mr.and Mrs. Maynard S. Soriano
37116 Vision Street
Palm dale, CA 93552

Pt:

Order No.
Escrow No.
Parcel No. #

State of Oregon, County of Klamath
Recorded 05/19/05 8:22a m
Vol M05 Pg 36359-60
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS None
_____ computed on full value of property conveyed, or This is a Gift and there is no Transfer Tax
_____ computed on full value less liens or encumbrances remaining at the time of sale.
__x__ unincorporated area: _____ , and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
ADORASION DORIS LOWE, SURVIVING TRUSTEE,

hereby GRANTS to **MAYNARD S. SORIANO AND CONCEPCION OLLESCA SORIANO, HUSBAND AND WIFE AS JOINT TENANTS,**

the following described real property in the County of **KLAMATH** , State of **OREGON**

LOT 41, BLOCK 5, OREGON PINES, AS SHOWN ON PLAT FILED June 30, 1969, DULY RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

Date April 29, 2005

Adorasion D. Lowe
ADORASION DORIS LOWE

STATE OF CALIFORNIA }
} S.S.
COUNTY OF Los Angeles

On April 29, 2005 before me, VERA M HABER a **Notary Public**, personally appeared **Adorasion Doris Lowe** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Vera M Haber

VERA M. HABER
Commission # 1371648
Notary Public - California
Los Angeles County
My Comm. Expires Aug 24, 2008

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CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONG BEACH, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 10/94)

36360

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): KENNETH
2. MIDDLE: ARNOLD
3. LAST (Family): LOWE
AKA, ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST): -
4. DATE OF BIRTH mm/dd/cccyy: 04/14/1924
5. AGE Yrs: 80
If UNDER ONE YEAR: Months / Days
If UNDER 24 HOURS: Hours / Minutes
6. SEX: M
8. BIRTH STATE/FOREIGN COUNTRY: UTAH
10. SOCIAL SECURITY NUMBER: 573-22-9194
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/cccyy: 04/02/2005
8. HOUR (24 Hours): 0923
13. EDUCATION — Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: SHEET METAL WORKER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): MACHINE-SHOP
19. YEARS IN OCCUPATION: 16

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 14841 E. MOCCASIN ST.
21. CITY: LA PUENTE
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: 91744
24. YEARS IN COUNTY: 54
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: ADORASION DORIS LOWE — WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, City or Town, State, ZIP): 14841 E. MOCCASIN ST., LA PUENTE, CA 91744

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: ADORASION
29. MIDDLE: DORIS
30. LAST (Maiden Name): ESPINOZA
31. NAME OF FATHER — FIRST: ARNOLD
32. MIDDLE: ALMA
33. LAST: LOWE
34. BIRTH STATE: UTAH
35. NAME OF MOTHER — FIRST: NETA
36. MIDDLE: -
37. LAST (Maiden): STEPLEY
38. BIRTH STATE: UTAH

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/cccyy: 04/07/2005
40. PLACE OF FINAL DISPOSITION: FOREST LAWN MEMORIAL PARK 21300 VIA VERDE DR., COVINA, CA 91724
41. TYPE OF DISPOSITION(S): BU
42. LICENSE NUMBER: 8392
44. NAME OF FUNERAL ESTABLISHMENT: FOREST LAWN MORTUARY - COVINA
45. LICENSE NUMBER: FD1150
47. DATE mm/dd/cccyy: 04/07/2005

PLACE OF DEATH

101. PLACE OF DEATH: VA Medical Center
[X] HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: Los Angeles
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or rural route number): 5901 East Seventh Street
108. CITY: Long Beach

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused the death. DO NOT abbreviate. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A): CARDIORESPIRATORY ARREST — Interval Between Onset and Death: MINUTES
(B): SEPSIS — (B): WEEKS
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(C): PNEUMONIA — (C): WEEKS
(D): END STAGE CONGESTIVE HEART FAILURE — (D): YEARS
109. DEATH REPORTED TO CORONER? [ ] YES [X] NO
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [X] NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: CORONARY ARTERY DISEASE, HYPERTENSION, RIGHT HIP FRACTURE, DIABETES-MELLITUS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): RIGHT HEMIARTHROPLASTY OF HIP 03/24/2005
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

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 (A): 02/25/2005 (mm/dd/cccyy) Decedent Last Seen Alive (B): 04/02/2005 (mm/dd/cccyy)
115. SIGNATURE AND TITLE OF CERTIFIER: MD
116. LICENSE NUMBER: A33670
117. DATE mm/dd/cccyy: 04/03/2005
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: C KEES MAHUTTE,M.D.,5901 E.7TH ST.,LONG BEACH,CA90822

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/cccyy
122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE mm/dd/cccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | CENSUS TRACT

000267717

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
CITY OF LONG BEACH } SS

DATE ISSUED APR 13 2005

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DARRYL M. SEXTON, M.D.
CITY HEALTH OFFICER
REGISTRAR OF VITAL RECORDS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE