'05 MAY 19 AM0:22

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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

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, 2006

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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 1/94)

36360

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
KENNETH	ARNOLD	LOWE

AKA, ALIAS KNOWN AS — (Include full AKA (FIRST, MIDDLE, LAST)): -

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
04/14/1924	80			M

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
UTAH	573-22-9194	[X] YES [ ] NO [ ] UNK	MARRIED	04/02/2005	0923

13. EDUCATION — Highest Level/Degree	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH?	16. DECEDENT'S RACE — Up to 3 races may be listed
HS GRADUATE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY	19. YEARS IN OCCUPATION
SHEET METAL WORKER	MACHINE-SHOP	16

USUAL RESIDENCE

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

PERSON FILING

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

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)
ADORASION	DORIS	ESPINOZA

31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
ARNOLD	ALMA	LOWE	UTAH

35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
NETA		STEPLEY	UTAH

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	42. LICENSE NUMBER
04/07/2005	FOREST LAWN MEMORIAL PARK 21300 VIA VERDE DR., COVINA, CA 91724	8392

41. TYPE OF DISPOSITION(S)	43. SIGNATURE OF EMBALMER	44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF FUNERAL DIRECTOR	47. DATE SIGNED mm/dd/ccyy
BU		FOREST LAWN MORTUARY - COVINA	FD1150		04/07/2005

PLACE OF DEATH

101. PLACE OF DEATH	102. FACILITY NAME OR LOCATION WHERE FOUND DEAD	103. CITY
VA Medical Center	5901 East Seventh Street	Long Beach

104. COUNTY: Los Angeles

CAUSE OF DEATH

107. CAUSE OF DEATH

		Interval Between Onset and Death	109. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) CARDIORESPIRATORY ARREST	MINUTES	[ ] YES [X] NO
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	(b) SEPSIS	(b') WEEKS	109. AUTOPSY PERFORMED? [ ] YES [X] NO
	(c) PNEUMONIA	(c') WEEKS	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(d) END STAGE CONGESTIVE HEART FAILURE	(d') YEARS	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 [ ] Decedent Last Seen Alive

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
, MD	A33670	04/03/2005

(a) mm/dd/ccyy	(b) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
02/25/2005	04/02/2005	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?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

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/ccyy	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.

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE