2009-014644
Klamath County, Oregon

00075461200900146440020021

11/16/2009 08:54:10 AM Fee: $42.00

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO AND MAIL TAX STATEMENTS TO:

NAME: Justin R. Irvin
ADDRESS: 8030 La Mesa Blvd, #216
CITY: La Mesa
STATE/ZIP: California 91942

Title Order No.: Space Above This Line For Recorder's Use Escrow No.

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s):
DOCUMENTARY TRANSFER TAX is $ __Ø_____. CITY TAX $ _Ø_____.
☐ Unincorporated area: [X] County of Klamath Falls, State of Oregon, and
[X] "This conveyance transfers the grantor's interest out of his or her revocable trust".
☐ Excluded from Reappraisal Under Proposition 13, California Constitution Article 13A § 1, et seq.
[ ] This conveyance is a transfer to an entity owned by the owners and does not constitute a "change of ownership." R & T 62(a)(2)

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **DOUG W. NEILL, Successor Trustee of the Audrey A. Irvin Revocable Family Trust dated November 5, 2001 (who became successor trustee upon the death of Audrey A. Irvin on July 6, 2009, see copy of death certificate attached)**

hereby REMISES, RELEASES, AND FOREVER QUITCLAIMS to **JUSTIN R. IRVIN, an unmarried man,** the following described real property in the County of Klamath Falls, State of Oregon:

2.3 acres M/L Lot 32, Block 111, Klamath Falls Forest Estates, HWY 66, Unit 4, Klamath County, Oregon.

Dated: 11-5-09

DOUG W. NEILL, Trustee
Audrey A. Irvin Revocable Family Trust dated 11/5/01

STATE OF CALIFORNIA }
COUNTY OF SAN DIEGO } S.S.

On November 5, 2009, before me, Carolyn R. Brock, Notary Public, personally appeared DOUG W. NEILL, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Carolyn R. Brock

CAROLYN R. BROCK
Commission # 1655069
Notary Public - California
San Diego County
My Comm. Expires Apr 23, 2010

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 1/06)

STATE FILE NUMBER: 3200937010273
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
AUDREY	A.	IRVIN

AKA (ALSO KNOWN AS — include for AKA (FIRST, MIDDLE, LAST)):

4. DATE OF BIRTH (mm/dd/yyyy)	5. AGE (Yrs.)	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
03/22/1936	73			F

9. 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/yyyy)	8. HOUR (24 Hours)
IL	333-26-8180	[ ] YES [X] NO [ ] UNK	DIVORCED	07/06/2009	2125

13. EDUCATION — Highest Level Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE — up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
ADMINISTRATIVE SECRETARY	AEROSPACE	20

USUAL RESIDENCE

22. DECEDENT'S RES. DEVICE (Street and number or location)				
4701 DATE AVE #407				
23. CITY	**24. COUNTY/PROVINCE**	**25. ZIP CODE**	**26. YEARS IN COUNTY**	**27. STATE/FOREIGN COUNTRY**
LA MESA	SAN DIEGO	91942	37	CA

INFORMANT

28. INFORMANT'S NAME, RELATIONSHIP	29. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
JUSTIN IRVIN, SON	8030 LA MESA BLVD #216, LA MESA, CA 91942

SPOUSE AND PARENT INFORMATION

30. NAME OF SURVIVING SPOUSE — FIRST	31. MIDDLE	32. LAST (Maiden Name)	
-	-	-	
33. NAME OF FATHER — FIRST	**34. MIDDLE**	**35. LAST**	**36. BIRTH STATE**
CHARLES	-	KELLER	IL
37. NAME OF MOTHER — FIRST	**38. MIDDLE**	**39. LAST (Maiden)**	**40. BIRTH STATE**
RUTH	-	ANDERSON	MI

FUNERAL DIRECTOR/ LOCAL REGISTRAR

05. DISPOSITION DATE (mm/dd/yyyy)	06. PLACE OF FINAL DISPOSITION
07/10/2009	OAKHILLS MEMORIAL PARK 2640 GLEN RIDGE RD, ESCONDIDO, CA 92027

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	NOT EMBALMED	

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE (mm/dd/yyyy)
EL CAMINO MEMORIAL - LA MESA	FD 296	WILMA WOOTEN, MD	07/10/2009

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE	[ ] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	107. CITY
SAN DIEGO	4701 DATE AVE #407	LA MESA

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) PERITONEAL ADENOCARCINOMA	(a1) 3 MOS	[ ] 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)	(b1)	109. BIOPSY PERFORMED? [X] YES [ ] NO
	(c)	(c1)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(d)	(d1)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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.)
BIOPSY OMENTUM 05/07/2009

113a. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] 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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE (mm/dd/yyyy)
(A) Decedent Attended Since: 05/18/2009 — (B) Decedent Last Seen Alive: 07/02/2009	JONATHAN A POLIKOFF M.D.	G43519	07/08/2009

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JONATHAN A POLIKOFF M.D.
4647 ZION AVENUE, SAN DIEGO, CA 92120

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/yyyy)	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/yyyy)	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						2009001331261957		

A02084908

County of San Diego · Department of Health Services – 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: July 13, 2009

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

BOARD OF SUPERVISORS — COUNTY OF SAN DIEGO

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE