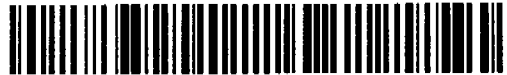


2012-002493

Klamath County, Oregon



00115026201200024930020024

03/08/2012 03:27:52 PM

Fee: \$42.00

**DIRECT PARTY:**

Sally M. Kent  
30 Haig

Rancho Mirage, CA 92270

**INDIRECT PARTY:**

AmeriTitle  
300 Klamath Ave.  
Klamath Falls, OR 97601

**AFTER RECORDING RETURN TO:**

Sally M. Kent  
30 Haig, Rancho Mirage, CA 92270

**APPOINTMENT OF SUCCESSOR TRUSTEE**

MT92956-SH

Pursuant to ORS 86 790 (3) the present beneficiary hereby appoints **AmeriTitle, 300 Klamath Ave., Klamath Falls, OR 97601**, as successor trustee of the following designated Trust Deed, said Successor Trustee having all the powers of the original Trustee, effective herewith:

**GRANTOR:** TIMM BURR, INC., an Oregon corporation

**TRUSTEE:** William P. Brandsness

**BENEFICIARY:** Robert A. Kent and Sally M. Kent

**RECORDED:** May 3, 1995

**VOLUME:** M95 **PAGE:** 11431, Microfilm Records of Klamath County, Oregon

Dated: 1-3-2012

Sally M. Kent

Robert A. Kent, Deceased

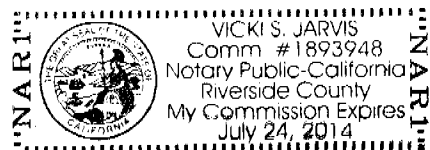
STATE OF CALIFORNIA, COUNTY OF Riverside ) ss

On MARCH 1, 2012, personally appeared the above named SALLY M. KENT, and acknowledged the foregoing instrument to be her voluntary act and deed.

Notary Public

State of CALIFORNIA

My commission expires: July 24, 2014



429917

# CERTIFICATION OF VITAL RECORD

610701

I.D. TAG NO.

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

\*396360\*

1. Legal Name First: Robert, Middle: Arthur, Last: Kent, Suffix:				2. Death Date January 17, 2012	
3. Sex Male		4. Age 89 years		5. Social Security Number 542-16-2419	
6. County of Death Klamath		7. Birthdate December 09, 1922		8. Birthplace Tacoma, Washington	
9. Decedent's Education Bachelor's degree		10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street 2309 Linda Vista Drive		14. City/Town Klamath Falls	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97601	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Sally Mueller	
21. Usual Occupation President		22. Kind of Business/Industry Property Development Company		23. Father's Name Glenn Kent	
24. Mother's Name Prior to First Marriage Edna Bothwell		25. Informant's Name Sally Kent		26. Telephone Number Not Available	
27. Relationship to Decedent Spouse		28. Mailing Address 2309 Linda Vista Drive, Klamath Falls, OR 97601		29. Place of Death Hospital-Inpatient	
30. Facility Name Sky Lakes Medical Center		31. Location of Death 2865 Daggett Avenue		32. City/Town or Location of Death Klamath Falls	
33. State Oregon		34. Zip Code + 4 97601		35. Method of Disposition Burial	
36. Place of Disposition Klamath Memorial Park		37. Location Klamath Falls, Oregon		38. Name and Complete Address of Funeral Facility Ward's Klamath Funeral Home, 1945 Main St, Klamath Falls, Oregon 97601-2638	
39. Date of Disposition January 23, 2012		40. Funeral Director's Signature James K Ward		41. OR License Number CO-3409	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received JAN 18 2012		44. Local File Number 309	
45. Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
49. Time of Death 0805					
CAUSE OF DEATH					
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
Final disease or condition resulting in death →		IMMEDIATE CAUSE →		Approximate Interval: Onset to Death	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. P.O. ORIF Hip fx.		1 week	
		b. Pathological Hip fx.		1 week	
		c. Metastatic undifferentiated carcinoma		1 year	
		d. Primary unknown			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
60. Describe how injury occurred					
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Alden B. Glidden / 2680 Uhrmann Road / Klamath Falls, Oregon / 97601					
63. Name and Title of Attending Physician (if Other than Certifier)					
64. Title of Certifier Medical Doctor		65. License Number OR7620		66. Date Signed (MM/DD/YYYY) 1-17-12	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>			68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
69. Amendment					

45-ZDP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

JAN 18 2012

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE