

BLK

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY MEANS

2016-013138

Klamath County, Oregon

12/09/2016 11:37:00 AM

Fee: \$97.00

Salvadore Gordon Marsh et al

78529 Alliance Way

Palm Desert, Ca 92211-3069

Grantor's Name and Address

William and Arlene Bryant

Grantee's Name and Address

After recording, return to (Name and Address):

Arlene Bryant

Until requested otherwise, send all tax statements to (Name and Address):

No change

SPACE RESERVED
FOR
RECORDER'S USE

140093AM

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that SALVADORE GORDON MARSH AND MARIA PAVALICH, sole surviving Heirs of Josephine L. Snyder, deceased

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto WILLIAM BRYANT AND ARLENE BRYANT as tenants by the entirety

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 (legal description of property):

The SE1/4 of the NE1/4 of Section 11, Township 34 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon

(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 \$_____ to clear title. 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. (The sentence between the symbols ®, if not applicable, should be deleted. See ORS 93.030.)

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument on 12-6-2016; any signature on behalf of a business or other entity is made with the authority of that entity.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Salvadore Gordon Marsh

Arlene Bryant

Maria Pavalich

Maria Pavalich

STATE OF OREGON, County of Riverside ss.

This instrument was acknowledged before me on 12/6/2016 by Salvadore Gordon Marsh and Maria Pavalich

This instrument was acknowledged before me on 12/6/2016 by Irma Marsh and Maria Pavalich

as of Riverside County, California

SHELLEY ABBEY
COMM #2604188
Notary Public - California
Riverside County
My Comm. Expires Feb. 13, 2017

Notary Public for Oregon

My commission expires 2/13/2017

California All-Purpose Certificate of Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside } S.S.

On 12/6/2016 before me, Shelley Abbey, Notary Public
Name of Notary Public, Title

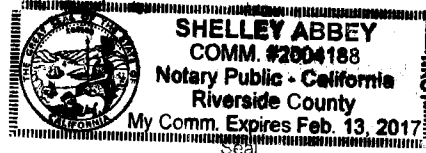
personally appeared Irma Marsh and Maria
Name of Signer (1)
Pavalick
Name of Signer (2)

who 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.

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.

Shelley Abbey
Signature of Notary Public



OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of _____

containing _____ pages, and dated _____

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
☐ Attorney-in-fact
☐ Corporate Officer(s) _____
Title(s)

- ☐ Guardian/Conservator
☐ Partner - Limited/General
☐ Trustee(s)
☐ Other: _____

representing: _____
Name(s) of Person(s) Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

- ☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

- ☐ Additional Signer ☐ Signer(s) Thumbprints(s)

☐ _____

UNIFORM STATUTORY POWER OF ATTORNEY

(FINANCIAL AND LEGAL POWER OF ATTORNEY)

NOTICE TO PERSON OR ORGANIZATION TO WHOM THIS POWER OF ATTORNEY IS PRESENTED
THIS FORM IS AN OFFICIAL FORM AUTHORIZED AND PROTECTED BY LAW
FAILURE TO ACCEPT THIS FORM CAN RESULT IN PENALTIES AND DAMAGES
YOU MAY RELY ON THIS FORM WITHOUT FURTHER PROOF OF AUTHORITY

Probate Code Sec. 4408(b) provides:

"If an action is brought under this section, the court SHALL award attorney's fees to the agent if the court finds that the [you] third person acted unreasonably in refusing to accept the agent's authority under the statutory form power of attorney." (emphasis added)

Probate Code Sec. 4408(d) provides:

"...a third person's [your] refusal to accept an agent's authority under a statutory form power of attorney under this part is unreasonable if the only reason for the refusal is that the power of attorney is not on a form prescribed by the third person to whom the power of attorney is presented." (emphasis added)

INSTRUCTIONS TO PERSON OR ORGANIZATION TO WHOM THIS POWER OF ATTORNEY IS PRESENTED

1. Verify Identification of Agent (Driver's License, etc.)
2. Check to make sure this form has been signed, dated, and notarized.
3. Follow agent's instructions regarding any matters related to the powers initialed below and follow any special instructions listed below.

NOTICE:

THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, (the following named principal):

Name of Principal	Address
Salvadore Gordon Marsh	78529 Alliance Way, Palm Desert, CA 92211

do hereby designate and appoint the following person(s) as my agent(s) (attorney(s)-in-fact) to act for me in any lawful way with respect to the following initialed subjects.

Name	Relationship	Address	Telephone(s)
1. Irma B. Marsh	Spouse	78529 Alliance Way, Palm Desert, CA 92211	760-360-5758
Glenda Dale Marsh	Daughter	2208 Murieta Way, Sacramento, CA 95822	916-476-9538
2. Pamela Kay Whitton	Daughter	176 Gloucester Rd., Mt. Maunganui NZ	011-64-75-75-8126
Lance Palmer Marsh	Son	3902 Meadowbrook Circle, Pittsburg, CA 94565	925-350-2550

The agent(s) designated as number one to act first and the others to serve in the order and priority indicated if the prior designated agent(s) fail to qualify or cease to act.

SEE LIST OF POWERS ON NEXT PAGE

REGULAR POWERS

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS. TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY BUT NEED NOT CROSS OUT EACH POWER WITHHELD.

INITIAL	POWERS
<input type="checkbox"/>	(A) Real property transactions.
<input type="checkbox"/>	(B) Tangible personal property transactions.
<input type="checkbox"/>	(C) Stock and bond transactions.
<input type="checkbox"/>	(D) Commodity and option transactions.
<input type="checkbox"/>	(E) Banking and other financial institution transactions.
<input type="checkbox"/>	(F) Business operating transactions.
<input type="checkbox"/>	(G) Insurance and annuity transactions.
<input type="checkbox"/>	(H) Estate, trust, and other beneficiary transactions.
<input type="checkbox"/>	(I) Claims and litigation.
<input type="checkbox"/>	(J) Personal and family maintenance.
<input type="checkbox"/>	(K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.
<input type="checkbox"/>	(L) Retirement plan transactions.
<input type="checkbox"/>	(M) Tax matters.

☒ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N)

SPECIAL POWERS

THE FOLLOWING POWERS ARE IN ADDITION TO ALL OF THE POWERS LISTED IN LINES (A) THROUGH (M) ABOVE:

I hereby grant to my agent full power and authority to act for me, in any way which I myself could act if I were personally present and able to act, with respect to all other matters and affairs not listed in lines (A) to (N) above, but this authority does not include authority to make health care decisions.

I hereby grant to my agent all other powers, rights, privileges, and abilities to act, engage in any conduct, agree to any matter, fact, affair, event, or thing, and create any power, document, right, privilege, or thing that I myself could do or have done in any manner and to the full extent that I could have done them had I acted myself directly, including to: 1) Create, modify, revoke, fund, amend, terminate, and revise any and all manner of trusts and wills (whether created by the principal or not); 2) Make or revoke a gift of the principals property in trust or otherwise; 3) Exercise a right to make a disclaimer on behalf of the principal; 4) Create or change survivorship interests of all kinds; 5) Designate or change the beneficiaries to receive any property, benefit, insurance, annuity, contract right, retirement plan, or account on the principals death or otherwise; 6) Create, modify, amend, dissolve, manage, and operate in any manner all types of LLCs, corporations, and other companies, organizations, or entities of any kind; and 7) Do and act in regard to all manner of other estate, disability, creditor protection, benefit planning, and other methods, entities, techniques, and procedures.

SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

The agents shall serve in the order and priority designated. The next numbered agent(s) shall serve in the order designated if the prior agent(s) die, becomes incapacitated, or otherwise are unable or unwilling to fulfill their duties. A certification under penalty of perjury signed by the next successor agent(s) shall be sufficient evidence of such and may be relied upon by all third parties.

Any agents listed under the same number shall be co-agents and shall serve together pursuant to the signature authority listed below.
 ** As to any agents marked with a double asterisk (**), this Power of Attorney shall only become effective upon the incapacity or disability of the principal and shall remain effective until the disability or incapacity ends. In determining the incapacity or disability of a person, written statements from two licensed physicians who have examined the person, shall be deemed sufficient. Any third party may rely on and is hereby directed to accept a written statement or certificate signed under penalty of perjury by the agent or successor agent stating that this condition has been satisfied.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED AS CO-AGENTS

If I have designated more than one agent, designated as co-agents, the agents are to act as follows:

☒ Separately

☐ Jointly

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, CHECK THE BOX IN FRONT OF "SEPARATELY". IF YOU DO NOT CHECK A BOX, OR IF YOU CHECK "JOINTLY", THEN ALL OF YOUR ACTIVE AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. A third party may seek identification. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

DATE AND SIGNATURE OF PRINCIPAL
UNIFORM STATUTORY POWER OF ATTORNEY
(You Must Date and Sign This Power of Attorney)

At City:
Riverside

State:
California

Principal's Signature:

S.G. Marsh AIF Irma Marsh

Date:

April 27, 2016

Irma B. Marsh as AIF for Salvator Gordon Marsh

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

CERTIFICATE OF ATTORNEY

I am a lawyer authorized to practice law and the principal was my client at the time when this power of attorney was executed. I have advised my client concerning his or her rights in connection with this power of attorney and the applicable law and the consequences of signing or not signing this power of attorney, and my client, after being so advised, has executed this power of attorney.

Attorney Signature:

[Signature]

Date Signed:

April 27, 2016

Name of Attorney:

Ryan Michael Darling

Address:

3697 Arlington Ave., Riverside, Calif. 92506

ACKNOWLEDGMENT

UNIFORM STATUTORY POWER OF ATTORNEY

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

State of California,
County of: Riverside

On April 27, 2016

ISS

before me

Ryan Michael Darling

a Notary Public in and for said State, personally appeared:

Irma B. Marsh as AIF for Salvador Gordon Marsh

who 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.

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:

[Signature]

NOTARY PUBLIC

SEAL:



DON BIEHN
WACHTEL, BIEHN & MALM
2240 McCulloch Boulevard
Lake Havasu City, AZ 86403
Attorney for Petitioner
(602) 855-5115
State Bar I.D. #002625

TIME FILED
SEP 10 1990
LINDA SEAPY
CLERK SUPERIOR COURT
DEPUTY

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE

In the Matter of the Estate of)

JOSEPHINE L. SNYDER)

Deceased)

Probate No. **1371**

LETTERS OF PERSONAL
REPRESENTATIVE

SALVATORE GORDON MARSH is hereby appointed as
Personal Representative of this estate without restriction.

WITNESS: *September 10, 1990*

Linda Seapy
Clerk of the Superior Court

By *Don M. Biehn*
Deputy Clerk



Wachtel, Biehn & Malm
Attorneys at Law
2240 McCulloch Blvd.
Lake Havasu City
Arizona 86403
(602) 855-5115
Fax (602) 855-5211

STATE OF ARIZONA
COUNTY OF MOHAVE
I, LINDA SEAPY, Clerk of the Superior Court
of the State of Arizona in and for the County
of Mohave do hereby certify the foregoing to
be a full, true and correct copy of the letters
issued on the *10th* day of *September*, 19*90*
and that the letters are still in full force
and effect.

Witness my hand and seal of said Court this
10th day of *September*, 19*90*
Don M. Biehn
Deputy Clerk

STATE OF ARIZONA
COUNTY OF MOHAVE

I, LINDA SEAPY, Clerk of the Superior Court
of the State of Arizona in and for the County
of Mohave do hereby certify the foregoing to
be a full, true and correct copy of the letters
issued on the *10th* day of *September*, 19*90*
and that the letters are still in full force
and effect.

Witness my hand and seal of said Court this
10th day of *September*, 19*90*
Don M. Biehn
Clerk/Deputy Clerk

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 8th day
of Aug A.D., 19 94 at 11:04 o'clock A.M., and duly recorded in Vol. M94
of Deeds on Page 24293.

FEE \$10.00

Evelyn Biehn - County Clerk

By *Don M. Biehn*

TIME FILED
SEP 10 1990
LINDA SEAPY
CLERK SUPERIOR COURT
DEPUTY

DON BIEHN
WACHTEL, BIEHN & MALM
2240 McCulloch Boulevard
Lake Havasu City, AZ 86403
Attorney for Petitioner
(602) 855-5115
State Bar I.D. #002625

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE

In the Matter of the Estate of)

JOSEPHINE L. SNYDER)

Deceased)

Probate No. **1371**

LETTERS OF PERSONAL
REPRESENTATIVE

SALVATORE GORDON MARSH is hereby appointed as
Personal Representative of this estate without restriction.

WITNESS: *September 10, 1990*



Linda Seapy
Clerk of the Superior Court

By *Don M. Biehn*

Deputy Clerk

Wachtel, Biehn & Malm
Attorneys at Law
2240 McCulloch Blvd.
Lake Havasu City
Arizona 86403
(602) 855-5115
Fax (602) 855-3211

STATE OF ARIZONA
COUNTY OF MOHAVE
I, LINDA SEAPY, Clerk of the Superior Court
of the State of Arizona in and for the County
of Mohave do hereby certify the foregoing to
be a full, true and correct copy of the Letters
issued on the *10th* day of *September*, 19*90*
and that the Letters are still in full force
and effect.
Witness my hand and seal of said Court this
day of *September*, 19*90*
Don M. Biehn
Deputy Clerk

STATE OF ARIZONA
COUNTY OF MOHAVE

I, LINDA SEAPY, Clerk of the Superior Court
of the State of Arizona in and for the County
of Mohave do hereby certify the foregoing to
be a full, true and correct copy of the Letters
issued on the *10th* day of *September*, 19*90*
and that the Letters are still in full force
and effect.

Witness my hand and seal of said Court this
day of *September*, 19*90*
Don M. Biehn
Clerk/Deputy Clerk

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 8th day
of Aug A.D., 19 94 at 11:04 o'clock A M., and duly recorded in Vol. M94
of Deeds on Page 24293

FEE \$10.00

Evelyn Biehn - County Clerk

By *Don M. Biehn*

1E

WACHTEL, BIEHN & MALM
ATTORNEYS AT LAW
2240 McCULLOCH BOULEVARD
LAKE HAVASU CITY, ARIZONA 86403

INDEXED



4132 BK 1846 PG 739
OFFICIAL RECORDS OF MOHAVE COUNTY, AZ.
JOAN McALL, MOHAVE COUNTY RECORDER
01/24/91 10:30 A.M. PAGE 1 OF 1
WACHTEL, BIEHN & MALM, ATTYS
RECORDING FEE 9.00

AUTHENTICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

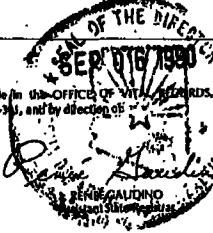
ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO. CERTIFICATE OF DEATH D 102-	
NAME OF DECEASED JOSEPHINE LUCIA SNYDER		SEX Female	DATE OF DEATH August 28, 1990
RACE White		WAS DECEASED OF HISPANIC ORIGIN (SPECIFY YES OR NO) No	IF YES INDICATE MEXICAN SPANISH PUERTO RICAN CUBAN ETC (SPECIFY YES OR NO) No
PLACE OF BIRTH Mohave		C HOSPITAL OR INSTITUTION Havasu Regional Hospital	D COA OP EVER
DATE OF BIRTH January 4, 1914		AGE (YEARS) 76	WIDOWED NEVER MARRIED Widowed
CITY OF BIRTH Chicago, Illinois		COUNTRY OF BIRTH U.S.A.	EDUCATION Business
USUAL RESIDENCE Arizona		STATE Mohave	CITY Lake Havasu
STREET ADDRESS OR P.O. 3870 Highlander Dr.		ZIP CODE 86403	HOW LONG IN ARIZONA 8 years
FATHER'S NAME Randazzo		MOTHER'S MARRIAGE Lucia	EDUCATION COLLEGE
MARRIAGE Snyder		RELATIONSHIP TO DECEASED Son	ADDRESS 3870 Highlander Dr. Lake Havasu City, Arizona
DATE August 30, 1990		CITY AND STATE Arizona	DEATH CERTIFICATE NO. 79
PLACE OF DEATH Lietz-Fraze Funeral Home 21 Riviera Blvd. Lake Havasu City, Arizona		CAUSE OF DEATH Perforated Bowel	DATE OF DEATH August 30, 1990
SIGNATURE OF DECEASED Josephine Lucia Snyder		SIGNATURE OF PHYSICIAN Dr. M. D. Nudelmann	DATE OF DEATH August 30, 1990
NAME AND ADDRESS OF CERTIFYING PHYSICIAN Dr. M. D. Nudelmann, 1940 Mesquite Ave, LHC, AZ.		DATE OF DEATH August 30, 1990	DATE OF DEATH August 30, 1990
CAUSE OF DEATH Perforated Bowel		DATE OF DEATH August 30, 1990	DATE OF DEATH August 30, 1990
DATE OF DEATH August 30, 1990		DATE OF DEATH August 30, 1990	DATE OF DEATH August 30, 1990

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the Office of Vital Records, Department of Health Services, Phoenix, Arizona issued under the authority of A.R.S. 36-301, and by direction of

TER WILLIAMS, Director
Department of Health Services
State Registrar

This copy not valid unless prepared on an engraved form displaying state seal and impressed with raised seal of issuing agency.



DON BIEHN
WACHTEL, BIEHN & MALM
2240 McCulloch Boulevard
Lake Havasu City, AZ 86403
Attorney for Petitioner
(602) 855-5115
State Bar I.D. #002625

FILED
11:00 A
SEP 10 1990
LINDA SAMPY
CLERK SUPERIOR COURT
DEPUTY

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MOHAVE

In the Matter of the Estate of)

JOSEPHINE L. SNYDER)

deceased)

Probate No. **7371**

APPLICATION FOR INFORMAL
PROBATE OF WILL AND
APPOINTMENT OF PERSONAL
REPRESENTATIVE

1. This Application is made by SALVATORE GORDON MARSH, who is entitled to file this Application under A.R.S. §14-3301 because he is named as Personal Representative in decedent's will.

2. Decedent died on August 28, 1990 At the time of death decedent was domiciled in Mohave County, State of Arizona.

3. A copy of decedent's Will, dated November 28, 1988, along with the affidavit of DON BIEHN pursuant to A.R.S. §14-3415 is filed with this Application.

4. Decedent left surviving the following persons who are the surviving children, heirs and devisees of decedent:

1 MARIA JOSEPHA PAVALICH aka
2 MARY JO PAVLIK, Daughter, Adult
3 Post Office Box 208
Abbot Village, Maine 04406

LINDA CONSTANCE MASON, Daughter, Adult
5548 Graylog
Palos Verdes, California 9027.

SALVATORE GORDON MARSH, Son, Adult
399 1/2 Beechwood Drive
Concord, California 94519

5. Venue for this proceeding is in this county
because decedent was a domiciliary of this county at the time
of death.

6. No Personal Representative for decedent's estate
has been appointed in this state or elsewhere.

7. Applicant has not received a demand for notice
and is not aware of any demand for notice by any interested
person of any proceedings concerning decedent in this state or
elsewhere.

8. Applicant believes that the Will, dated November
28, 1988, was validly executed and is decedent's last Will
and, after the exercise of reasonable diligence, Applicant is
unaware of any instrument revoking the Will.

9. The time for informal probate and appointment
has not expired under A.R.S. §14-3108 because less than three
years have passed since decedent's death.

10. Applicant states that SALVATORE GORDON MARSH,
3992 Beechwood Drive, Concord, California 94519 has priority
for appointment as Personal Representative under the Will

1 pursuant to the provisions of A.R.S. §14-3203 because he is
2 named in decedent's Will as Personal Representative.

3 11. Bond is not required of the Personal
4 Representative under A.R.S. §14-3603 because it has been
5 waived in the Will. Applicant's best estimate of the value of
6 property owned by decedent and subject to the probate
7 jurisdiction of the Court is as follows:

8 Personal property	\$100,000.00
9 Real property (less encumbrances)	\$90,000.00
10 Estimated annual income of estate	Unknown
11 TOTAL	\$190,000.00

12 Applicant requests that decedent's last Will be
13 admitted to informal probate and that SALVATORE GORDON MARSH
14 be appointed as the Personal Representative to administer
15 decedent's estate with such bond as may be required.

16 DATED: August 29, 1990

17 Salvatore Gordon Marsh
18 SALVATORE GORDON MARSH
19 Applicant
20 3992 Beechwood Drive
Concord, CA 94519

21 SALVATORE GORDON MARSH, being duly sworn, states as
22 follows: That he is the Applicant in the foregoing
23 Application; and that the statements in the application are
24 accurate and complete to the best of his knowledge and belief.

25 Salvatore Gordon Marsh
26 SALVATORE GORDON MARSH

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

STATE OF Arizona)
COUNTY OF Mohave) SS:

SUBSCRIBED AND SWORN to before me this 29 day
of August, 1990, by SALVATORE GORDON MARSH.

My Commission Expires:
Sept 19, 1990

Chansen Rutz
Notary Public

WACHTEL, BIEHN & MALM
2240 McCulloch Boulevard
Lake Havasu City, AZ 86403
Attorneys for Appl cant

By Don Biehn