2019-002348
Klamath County, Oregon

00236898201900023480060069

03/14/2019 10:07:10 AM Fee: $107.00

Prepared By:
Mrs. Shannon Devine- Executor for Conrad and Alice Richardi-Deceased
4265 N Sorrel Pl
Boise, Idaho 83703

After Recording Return To: Mail Send all tax Statements to:
Mrs. Shannon Devine-Daughter to Conrad and Alice Richardi
4265 N Sorrel Pl
Boise, Idaho 83703

TAX PARCEL ID #: 468577

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Mr. Shannon Devine - Executor for Conrad and Alice Richardi - Deceased, *("Grantor")*, a married female **whose address is** 4265 N Sorrel Pl, Boise, Idaho 83703, hereby ***REMISES, RELEASES AND FOREVER QUITCLAIMS TO*** Mrs. Shannon Devine-Daughter to Conrad and Alice Richardi *("Grantee")*, **whose address is** 4265 N Sorrel Pl, Boise, Idaho 83703, all right, title, interest and claim to the following real estate property located at Klamath Falls Forest Estates Widgeon Drive Hwy 66, Plat 2 Block 45 Lot 47 in the City/Township of Bonanza, located in the County of Klamath and State of Oregon and ZIP code of 97623, to-wit:

Property having Lot No. 47, with the Section No. Block 45 Plot 2, and property beginning at State of Oregon, County of Klamath, Lot 47 Block 45 Klamath Falls Forest Estate Highway 66 Unit, Plat No 2.

FOR A VALUABLE CONSIDERATION, in the amount of $10.00 dollars, given in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged as of 02/19/2019.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.

Personal Representative
(Grantor's Signature)

Mr. Shannon Devine - Executor for Conrad and Alice Richardi - Deceased
(Grantor's Printed Name)

(Grantee's Signature)

Mrs. Shannon Devine-Daughter to Conrad and Alice Richardi
(Grantee's Printed Name)

Signed in our presence:

Mary Dunn
(Witness #1 Signature)

Mary Dunn
(FIRST WITNESS NAME TYPED)

Ruby M Castro
(Witness #2 Signature)

Ruby M. Castro
(SECOND WITNESS NAME TYPED)

Grantee's Address:

Mrs. Shannon Devine-Daughter To Conrad And
Alice Richardi
4265 N Sorrel Pl
Boise, Idaho 83703

Mail Subsequent Tax Bills To:

Shannon Devine
4265 N Sorrel Pl
Boise, Idaho 83703

Grantor's Address:

Mr. Shannon Devine - Executor For Conrad And
Alice Richardi - Deceased
4265 N Sorrel Pl
Boise, Idaho 83703

STATE OF ~~OREGON~~ Idaho)
) SS.
COUNTY OF ~~KLAMATH~~ Ada)

The foregoing Quit Claim Deed was acknowledged before me on 02/23/2019 by Mr. Shannon Devine - Executor for Conrad and Alice Richardi - Deceased. who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

Clayton Lea Master
(Signature of Notary)

Clayton Lea Master
(Printed Notary Name) ~~Klamath, Oregon~~ Boise, Idaho

My Commission expires: 09/07/2024

Clayton Lea Master
Commission Number: 20181703
Notary Public
State of Idaho
My Commission Expires: 09/07/2024

3/7/2019

Klamath County
Office of the County Clerk
305 Main Street
Klamath Falls, OR 97601
ID#3293
Tax Parcel ID: 468577

To Whom It May Concern:

Regarding ID#3293, Quit Claim Deed. Please send all future tax statements for property: Klamath Falls Forest Estates, Widgeon Drive, Hwy 66, Plat 2, Block 45, Lot 47 in the Bonanza, located in the County of Klamath and the State of Oregon, 97623 Tax Parcel ID#: 468577 to:

Shannon Devine
4265 North Sorrel Place
Boise, Idaho 837003

Thank you,

Shannon Devine
208-863-0456
sm_devine@msn.com

STATE OF WISCONSIN, CIRCUIT COURT, LA CROSSE COUNTY

For Official Use

FILED

IN THE MATTER OF THE ESTATE OF

☐ Amended

Conrad Richardi

Domiciliary Letters
☒ Informal Administration
☐ Formal Administration

Deceased

Case No. 13PR145

To: Shannon Devine
4265 North Sorrel Place
Boise, ID 83703

The decedent, with date of birth 09/19/1928 and date of death 09/15/2013, was domiciled in La Crosse County, State of Wisconsin.

You are granted domiciliary letters with general powers and duties of a personal representative.

You are authorized to administer the estate as required by law.

Other: _____

State of Wisconsin *(Seal)*
County of La Crosse
This document is a full, true and correct copy of the original on file and of record in my office and has been compared by me.
Attest December 3, 2013
Register in Probate

LETTERS ISSUED BY:

☐ Circuit Court Judge ☐ Circuit Court Commissioner ☒ Probate Registrar

Jillian M. Just
Name Printed or Typed

12-3-2013
Date

Form completed by: (Name)	
Shannon Devine	
Address 4265 North Sorrel Place Boise, ID 83703	
Telephone Number (208) 863-0456	Bar Number (If any)

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: SEPTEMBER 19, 2013
STATE FILE NUMBER: 2013034244

1. DECEDENT'S NAME First	Middle	Last	2. SOCIAL SECURITY NUMBER	3. DATE PRONOUNCED DEAD
CONRAD		RICHARDI	398-22-2101	SEPTEMBER 15, 2013

4. TIME PRONOUNCED DEAD (24hr)	5. AGE	6. DATE OF BIRTH	7. SEX	8. CITY, VILLAGE, OR TOWNSHIP OF DEATH	9. COUNTY OF DEATH
01:42	84 YEARS	SEPTEMBER 19, 1928	MALE	FOND DU LAC (CITY)	FOND DU LAC

10. PLACE OF DEATH	11. FACILITY NAME AND ADDRESS OF DEATH
HOSPITAL-INPATIENT	ST AGNES HOSPITAL, 430 E DIVISON ST , FOND DU LAC, WI 54935

12. RESIDENCE ADDRESS	13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP	14. RESIDENCE COUNTY	15. RESIDENCE STATE	16. RESIDENCE ZIP CODE
176 OLD HWY 35	STODDARD (VILLAGE)	VERNON	WISCONSIN	54658

17. MARITAL STATUS	18. WI DOMESTIC PARTNERSHIP	19. SURVIVING SPOUSE'S BIRTH NAME
WIDOWED	NO	

20. STATE OF BIRTH	21. DECEDENT'S BIRTH LAST NAME	22. FATHER'S BIRTH NAME	
WISCONSIN	RICCIARDI	JOSEPH	RICCIARDI

23. MOTHER'S BIRTH NAME		24. INFORMANT'S NAME	
HARRIETT	BONCEL	SHANNON	DEVINE

25. NAME AND ADDRESS OF FUNERAL FACILITY	26. FUNERAL DIRECTOR'S NAME	27. DATE SIGNED
MAX A SASS & SONS FUNERAL HOME, 4747 S 60TH ST, GREENFIELD, WI 53220	SANDERS, STEVEN J 4494	SEPTEMBER 18, 2013

28. MANNER OF DEATH	29. TYPE OF MEDICAL CERTIFIER	30. MEDICAL CERTIFIER'S NAME AND TITLE	31. DATE SIGNED
NATURAL	PHYSICIAN	KATHRYN BORSODI, MD	SEPTEMBER 17, 2013

32. DATE OF DEATH	33. TIME OF DEATH (24hr)	34. MEDICAL CERTIFIER'S MAILING ADDRESS
SEPTEMBER 15, 2013	01:42	430 E DIVISION STREET, FOND DU LAC, WI 54935

EXTENDED FACT OF DEATH

35. USUAL OCCUPATION	36. KIND OF BUSINESS/INDUSTRY	37. DECEDENT EVER IN THE ARMED FORCES	38. DECEDENT TRIBAL MEMBER
MASTER SERGEANT	MARINE CORPS	YES	NO TRIBE NAME(S):

39. METHOD OF DISPOSITION	40. PLACE AND LOCATION OF DISPOSITION
ENTOMBMENT	MT OLIVET CEMETERY, MILWAUKEE, WISCONSIN

41. **PART I.** The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.

		Interval Between Onset and Death
Immediate Cause: (a)	BLADDER RUPTURE	30 HOURS
Due to or as a consequence of: (b)	BLADDER CARCINOMA	15 YEARS
Due to or as a consequence of: (c)		
Due to or as a consequence of: (d)		

41. **PART II. OTHER SIGNIFICANT CONDITIONS** contributing to death but not resulting in the underlying cause given in Part I.

42. AUTOPSY PERFORMED	43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY
NO				

47. LOCATION OF INJURY	48. COUNTY OF INJURY

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

893666

NO AMENDMENTS PRESENT

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

James M. Krebs
Fond du Lac County Register of Deeds

11982354 Date Issued: SEPTEMBER 24, 2013

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE