

Prepared By:

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



00236898201900023480060069

03/14/2019 10:07:10 AM

Fee: \$107.00

After Recording Return To ~~Grantor~~ *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.


 (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

Grantor's Address:

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

Mail Subsequent Tax Bills To:

Shannon Devine
4265 N Sorrel Pl
Boise, Idaho 83703

STATE OF ~~OREGON~~ ^{Idaho}COUNTY OF ~~KLAMATH~~ ^{Ada})
) SS.
)

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.

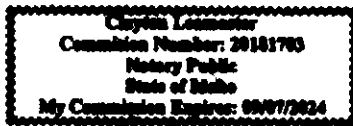
IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

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



3/7/2019

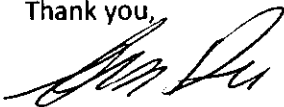
Klamath County
Office of the County Clerk
305 Main Street
Klamath Falls, OR 97601
ID#3293
Tax Parcel ID: 468577

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

IN THE MATTER OF THE ESTATE OF

☐ AmendedConrad Richardi**Domiciliary Letters**☒ Informal Administration☐ Formal AdministrationDeceasedCase No. 13PR145

FILED

DEC 03 2013

RECEIVED

To: Shannon Devine4265 North Sorrel PlaceBoise, ID 83703The 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, 2013Jillian M. Just
Registrar in Probate

LETTERS ISSUED BY:

☐ Circuit Court Judge ☐ Circuit Court Commissioner ☒ Probate RegistrarJillian M. Just
Name Printed or Typed12-3-2013

Date

Form completed by: (Name)

Shannon Devine

Address

4265 North Sorrel Place
Boise, ID 83703

Telephone Number

(208) 863-0456

Bar Number (If any)

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 CONRAD		Middle RICHARDI		Last RICHARDI		2. SOCIAL SECURITY NUMBER 398-22-2101		3. DATE PRONOUNCED DEAD SEPTEMBER 15, 2013													
4. TIME PRONOUNCED DEAD (24hr) 01:42		5. AGE 84 YEARS		6. DATE OF BIRTH SEPTEMBER 19, 1928		7. SEX MALE		8. CITY, VILLAGE, OR TOWNSHIP OF DEATH FOND DU LAC (CITY)		9. COUNTY OF DEATH FOND DU LAC											
10. PLACE OF DEATH HOSPITAL-INPATIENT		11. FACILITY NAME AND ADDRESS OF DEATH ST AGNES HOSPITAL, 430 E DIVISON ST., FOND DU LAC, WI 54935		12. RESIDENCE ADDRESS 176 OLD HWY 35		13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP STODDARD (VILLAGE)		14. RESIDENCE COUNTY WISCONSIN		15. RESIDENCE STATE WISCONSIN		16. RESIDENCE ZIP CODE 54658									
17. MARITAL STATUS WIDOWED		18. WI DOMESTIC PARTNERSHIP NO		19. SURVIVING SPOUSE'S BIRTH NAME		20. STATE OF BIRTH WISCONSIN		21. DECEDENT'S BIRTH LAST NAME RICCIARDI		22. FATHER'S BIRTH NAME JOSEPH		23. MOTHER'S BIRTH NAME HARRIETT									
24. INFORMANT'S NAME SHANNON		25. NAME AND ADDRESS OF FUNERAL FACILITY MAX A SASS & SONS FUNERAL HOME, 4747 S 60TH ST, GREENFIELD, WI 53220		26. FUNERAL DIRECTOR'S NAME SANDERS, STEVEN J 4494		27. DATE SIGNED SEPTEMBER 18, 2013		28. MANNER OF DEATH NATURAL		29. TYPE OF MEDICAL CERTIFIER PHYSICIAN		30. MEDICAL CERTIFIER'S NAME AND TITLE KATHRYN BORSODI, MD									
31. DATE OF DEATH SEPTEMBER 15, 2013		32. TIME OF DEATH (24hr) 01:42		33. MEDICAL CERTIFIER'S MAILING ADDRESS 430 E DIVISION STREET, FOND DU LAC, WI 54935		34. MEDICAL CERTIFIER'S MAILING ADDRESS 430 E DIVISION STREET, FOND DU LAC, WI 54935		35. USUAL OCCUPATION MASTER SERGEANT		36. KIND OF BUSINESS/INDUSTRY MARINE CORPS		37. DECEDENT EVER IN THE ARMED FORCES YES									
38. METHOD OF DISPOSITION ENTOMBMENT		39. PLACE AND LOCATION OF DISPOSITION MT OLIVET CEMETERY, MILWAUKEE, WISCONSIN		40. PLACE AND LOCATION OF DISPOSITION 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. Immediate Cause: (a) BLADDER RUPTURE Due to or as a consequence of: (b) BLADDER CARCINOMA Due to or as a consequence of: (c) Due to or as a consequence of: (d)		42. AUTOPSY PERFORMED NO		43. DATE OF INJURY		44. TIME OF INJURY (24hr)		45. INJURY AT WORK		46. PLACE OF INJURY		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																					

EXTENDED FACT OF DEATH

35. USUAL OCCUPATION MASTER SERGEANT	36. KIND OF BUSINESS/INDUSTRY MARINE CORPS	37. DECEDENT EVER IN THE ARMED FORCES YES	38. DECEDENT TRIBAL MEMBER NO	39. TRIBE NAME(S)
38. METHOD OF DISPOSITION ENTOMBMENT	39. PLACE AND LOCATION OF DISPOSITION MT OLIVET CEMETERY, MILWAUKEE, WISCONSIN	40. PLACE AND LOCATION OF DISPOSITION 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. Immediate Cause: (a) BLADDER RUPTURE Due to or as a consequence of: (b) BLADDER CARCINOMA Due to or as a consequence of: (c) Due to or as a consequence of: (d)	42. AUTOPSY PERFORMED NO

43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY	47. LOCATION OF INJURY	48. COUNTY OF INJURY
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49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED

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

James M. Krebs
Fond du Lac County Register of Deeds

11982354 Date Issued: SEPTEMBER 24, 2013

