

After recording return to:

Cheryl Hearn, Trustee
Hearn Family Trust
801 Tradewinds Court
Sun Valley, Nevada 89433

Until a change is requested, all tax statements shall be sent to the following address:

Cheryl Hearn, Trustee
Hearn Family Trust
801 Tradewinds Court
Sun Valley, Nevada 89433

Consideration: Estate Distribution – Inheritance (\$0)

DEED OF PERSONAL REPRESENTATIVE

Cheryl Hearn, the duly appointed, qualified, and acting Claiming Successor of the estate of Phyllis Hearn, deceased, Klamath County probate number 21PB00321, Grantor, hereby conveys to Cheryl Hearn, Trustee of the Hearn Family Trust dated May 29, 2009, Grantee, that real property situated in the County of Klamath, State of Oregon, described as follows, to wit:

Block 78, Lot 25, 8th Addition to Nimrod River Park.

Subject to all conditions, covenants, reservations, restrictions, easements, rights and rights of way of record, official records of Klamath County, State of Oregon.

The true consideration for this conveyance is Distribution from an Estate for an Inheritance for (\$0). However, the actual consideration consists of or includes other property or value given or promised which is either part or the whole consideration for this conveyance.

To have and to hold the same unto grantees and grantees' heirs, successors and assigns forever.

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

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

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010009995

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) William Orville HEARN		2. DATE OF DEATH (Mo/Day/Year) June 26, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Veterans Hospital		3e. If Hosp. or Inst. indicate DOA, Op/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		6. DATE OF BIRTH (Mo/Day/Yr) March 28, 1931			
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 79	
9a. STATE OF BIRTH (if not U.S.A. name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
13. SOCIAL SECURITY NUMBER 530-14-0540		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electric Surveyor		14b. KIND OF BUSINESS OR INDUSTRY Sierra Pacific	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks	
15d. STREET AND NUMBER 11580 Campo Rico Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Frank HEARN			17. MOTHER - NAME (First Middle Last Suffix) Della WILLIAMS		
18a. INFORMANT - NAME (Type or Print) Phyllis HEARN		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 11580 Campo Rico Lane Sparks, Nevada 89441			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TERESA HALL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 812		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV. 89431	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED PRAHLAD REDDY MD.					
21b. DATE SIGNED (Mo/Day/Yr) July 02, 2010		21c. HOUR OF DEATH 07:08		22a. 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) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) PRAHLAD REDDY MD. 1000 Locust St. Reno, NV 89501		23b. LICENSE NUMBER LL1786		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) Respiratory failure				Interval between onset and death.	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death.	
(b) Pneumonia				Interval between onset and death.	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death.	
(c) Etiology unknown				Interval between onset and death.	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death.	
(d)				Interval between onset and death.	
PART II					
26a. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) No			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3341439

VRS-Rev. 20090602

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

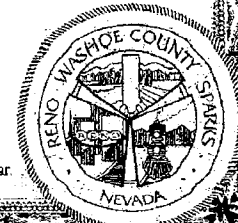
07/13/2010

DEPUTY REGISTRAR

Nery A. Angeles
SIGNATURE AUTHENTICATED

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE