

BOOK 435 PAGE 070-076
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SB Grant & EB Franklin LLC
2006 APR 17 PM 3:17

APN #003-202-04, 003-251-04, 003-234-01,
003-201-03, 003-251-05, 003-224-03,
003-233-02, 003-254-01, 003-242-04,
Recording Requested By: 003-187-04, 003-186-02
003-185-03, 003-191-01

Name SB Grant & EB Franklin LLC

EUREKA COUNTY, CALIFORNIA
M.M. REBALEATI, RECORDER
FILE NO. FEES 45.00

Address Suite 202 #431, 29030 SW
Towncenter Loop East
City/State/Zip Wilsonville, OR
97070

204501

Grant Deed
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

9-200221000738

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 100)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Edward		2. MIDDLE Fairchild		3. LAST (FAMILY) Pierce			
4. DATE OF BIRTH M/M/DD/CCYY 11/06/1918		5. AGE YRS. 83		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 05/07/2002	
9. STATE OF BIRTH MA		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Widowed	
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed		13. EDUCATION—YEARS COMPLETED 16	
17. OCCUPATION Certified Public Accountant		18. KIND OF BUSINESS Accounting Service		19. YEARS IN OCCUPATION 30			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 465 Montecito Drive							
21. CITY Corte Madera		22. COUNTY Marin		23. ZIP CODE 94925		24. YR. IN COUNTY 25	
25. STATE OR FOREIGN COUNTRY CA							
26. NAME, RELATIONSHIP Parrell Pedersen Daughter				27. MAILING ADDRESS (STREET AND NUMBER OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 11267 Kestrel Rd., Klamath Fall, OR 97601			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST Jason		32. MIDDLE Noble		33. LAST Pierce		34. BIRTH STATE CT	
35. NAME OF MOTHER—FIRST Mary		36. MIDDLE Gertrude		37. LAST (MAIDEN) Fairchild		38. BIRTH STATE CT	
39. DATE M/M/DD/CCYY 05/25/2002		40. PLACE OF FINAL DISPOSITION At res of daughter, 11267 Kestrel Rd., Klamath Fall, OR					
41. TYPE OF DISPOSITION(S) CR/IR		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR California Interment Society		45. LICENSE NO. FD 1518		46. SIGNATURE OF LOCAL REGISTRAR Fred S. Schwartz, M.D.		47. DATE M/M/DD/CCYY 05/13/2002	
101. PLACE OF DEATH Kaiser Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Marin	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 99 Montecillo Road		106. CITY San Rafael					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Cardio Pulmonary Collapse		TIME INTERVAL BETWEEN ONSET AND DEATH 1 Min		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) Aortic Aneurysm Rupture		1 Hr		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) Atherosclerosis		10 Yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Endocarditis of heart valve							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 04/10/1994		115. SIGNATURE AND TITLE OF CERTIFIER [Signature] 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Hyllis Weldon MD, 99 Montecillo Rd San Rafael, CA 94903		116. LICENSE NO. G7-4460		117. DATE M/M/DD/CCYY 05/13/2002	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR							

226556

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF MARIN

DATE ISSUED

06/03/2002

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Fred S. Schwartz, M.D.

BOOK 435 PAGE 071

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

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Peter E. Mitchell (Bar # 44303)
 MacDonald, Praetzel, Mitchell, Hedin & Breiner
 1000 Fourth Street, Suite 570
 San Rafael, California 94901

TELEPHONE AND FAX NOS.:

(415) 453-0534

(415) 453-0441

FOR COURT USE ONLY

FILED

JUN 10 2002

JOHN P. MONTGOMERY,
 Court Executive Officer
 MARIN COUNTY SUPERIOR COURT
 BY: N. JOHNSON, DEPUTY

ATTORNEY FOR (Name): Parrell F. Pedersen, Petitioner

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN

STREET ADDRESS: 3501 Civic Center Drive

MAILING ADDRESS: P.O. Box 4988

CITY AND ZIP CODE: San Rafael, CA 94913-4988

BRANCH NAME:

ESTATE OF (Name):

EDWARD F. PIERCE

DECEDENT

LETTERS☒ TESTAMENTARY☐ OF ADMINISTRATION WITH WILL ANNEXED☐ OF ADMINISTRATION☐ SPECIAL ADMINISTRATION

CASE NUMBER:

PR 022418

LETTERS

1. ☒ The last will of the decedent named above having been proved, the court appoints (name):
 Parrell F. Pedersen
 a. ☒ executor.
 b. ☐ administrator with will annexed.
2. ☐ The court appoints (name):
 a. ☐ administrator of the decedent's estate.
 b. ☐ special administrator of decedent's estate
 (1) ☐ with the special powers specified in the Order for Probate.
 (2) ☐ with the powers of a general administrator.
 (3) ☐ letters will expire on (date):
3. ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☒ with full authority ☐ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. ☐ INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):

4. Executed on (date): June 3, 2002
 at (place): San Rafael, California, California.


 (SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

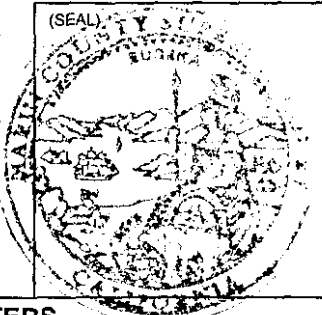


Date: JUN 10 2002

Clerk, by JOHN P. MONTGOMERY

N. JOHNSON
 (DEPUTY)

(SEAL)



Date: JUN 10 2002

Clerk, by JOHN P. MONTGOMERY

N. JOHNSON
 (DEPUTY)

Form Approved by the
 Judicial Council of California
 DE-150 [Rev. January 1, 1998]

LETTERS
 (Probate)

Probate Code §§ 1001, 8403,
 8405, 8544 8545;
 Code of Civil Procedure, § 2015.6

The undersigned hereby affirms that there is no
Social Security number contained in this document.

THIS DOCUMENT PREPARED BY:
AND WHEN RECORDED MAIL
THIS DEED AND MAIL TAX
STATEMENTS TO:

S B Grant & E B Franklin LLC
Suite 202#431
29030 SW Town Center Loop East
Wilsonville, OR 97070-5499

Above this line reserved for Official Use Only

Assessor's Parcel No. = 003-202-04, 003-231-04, 003-234-01, 003-201-03, 003-251-05, 003-224-03,
003-233-02, 003-254-01, 003-242-04, 003-187-04, 003-186-02, 003-185-03, 003-191-01

GRANT DEED

DOCUMENTARY TRANSFER TAX \$37.05
☒ Computed on full value of property conveyed, or
☐ Computed on full value less liens and
encumbrances remaining at time of sale.

[Signature]

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good
and valuable consideration, cash in hand paid, the receipt and sufficiency of which is
hereby acknowledged, Parrell F. Pedersen, executor for the estate of Edward F. Pierce,
hereinafter referred to as "Grantor", do hereby grant, bargain, sell, and convey unto S B
Grant & E B Franklin LLC, a Limited Liability Company organized under the laws of the
state of Oregon, hereinafter "Grantee", the following lands and property, together with all
improvements located thereon, lying in the County of Eureka, State of Nevada, to-wit:

SEE DESCRIPTION ATTACHED "EXHIBIT A"

LESS AND EXCEPT all oil, gas and minerals, on and under the above described
property owned by Grantor, if any, which are reserved by Grantor.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations
of record, if any.

TO HAVE AND TO HOLD TOGETHER with all tenements, hereditaments, and
appurtenances, including easements and water rights, if any, thereto belonging or
appertaining, and any reversions, remainders, rents, issues or profits thereof.

GRANTORS do for Grantor and Grantor's heirs, personal representatives, executors and
assigns forever hereby covenant with GRANTEE that Grantor is lawfully seized in fee
simple of said premises; that premises are free from all encumbrances, unless otherwise
noted above; that Grantor has a good right to sell and convey the same as aforesaid; and
to forever warrant and defend the title to the said lands against all claims whatever.

WITNESS Grantor(s) hand(s) this the 27th day of MARCH, 2006.



Grantor
Parrell F. Pedersen

STATE OF OREGON

COUNTY OF KLAMATH

This instrument was acknowledged before me on MARCH 27, 2006
(date) by Parrell F. Pedersen


Notary Public COMM. EXP - 9-20-09

Printed Name: KAREN A. BAKER



(Seal)

My Commission Expires: 9.20.09

GRANTOR'S NAME, ADDRESS:

Parrell F. Pedersen
409 Pine Street
Klamath Falls, OR 97601

GRANTEE'S NAME, ADDRESS:

S B Grant & E B Franklin LLC
Suite 202#431
29030 Town Center Loop East
Wilsonville, OR 97070-5499

RETURN RECORDED DEED AND SEND TAX STATEMENTS TO GRANTEE

Exhibit A

Assessor's Parcel Number: 003-202-04
Lots 8 and 9, Block E;

Assessor's Parcel Number: 003-231-04
Lot 4, Block Q;

Assessor's Parcel Number: 003-234-01
Lots 1, 2, 3, 4 and 5, Block T;

Assessor's Parcel Number: 003-201-03
Lots 4, 5 and 6 Block D;

Assessor's Parcel Number: 003-251-05
Lots 4, 5 and 6, Block Z;

Assessor's Parcel Number: 003-224-03
Lots 4 and 17, Block L;

Assessor's Parcel Number: 003-233-02
Lots 4, 5 and 6, Block S;

Assessor's Parcel Number: 003-254-01
Lot 12, Block CC;

Assessor's Parcel Number: 003-242-04
Lots 4, 5 and 6, Block X;

of, and as shown upon a subdivision map of, Section 15, Township 29 North, Range 48 East, Mount Diablo Base and Meridian, which map was prepared by, and filed at the request of W.H. Setelmeyer, October 5, 1961 at 2:10 p.m., File No. 35633; to which map reference is made for further particulars;

and the right, permission and authority to take and use without consideration, water for domestic purposes, from a water well located upon said Section 15, located about 1360' east and about 200' north from the common corner of Sections 15, 16, 21 and 22 of Township 29 North, Range 48 East, Mount Diablo Base and Meridian;

and the right to use and enjoy at all times, together with ingress and egress therefrom, a lake constructed upon said Section 15, described as "NOT A PART" upon a subdivision map prepared by and filed at the request of W.H. Setelmeyer, licensed surveyor, with the County Recorder of the County of Eureka, State of Nevada, on December 5, 1960, File No. 35161, to which map reference is made for further particulars.

Exhibit A

Assessor's Parcel Number: 003-187-04
Lot 20;

Assessor's Parcel Number: 003-186-02
Lots 21 and 22;

Assessor's Parcel Number: 003-185-03
Lot 23;

Assessor's Parcel Number: 003-191-01
Lots 25 and 26;

of and as shown upon a subdivision map of, Section 15, Township 29 North, Range 48 East, Mount Diablo Base and Meridian, which map was prepared by, and filed at the request of W.H. Setelmeyer, licensed surveyor, with the County Recorder of the County of Eureka, State of Nevada, on December 5, 1960, File No. 35161, to which map referenced is made for further particulars.

and the right to use and enjoy at all times, together with ingress and egress therefrom, a lake constructed upon said Section 15, described as "NOT A PART" upon a subdivision map prepared by and filed at the request of W.H. Setelmeyer, licensed surveyor, with the County Recorder of the County of Eureka, State of Nevada, on December 5, 1960, File No. 35161, to which map referenced is made for further particulars.

204501

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) See attached list
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 204501
Book: 435 Page: 090-076
Date of Recording: 4-17-06
Notes: _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 9,309.00
Transfer Tax Value: \$ 9,309.00
Real Property Transfer Tax Due: \$ 37.05

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity agent for buyer
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Parrell F. Pedersen
Address: 409 Pine St.
City: Klamath Falls
State: OR Zip: 97601

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: SB Grant + EB Franklin LLC
Address: Suite 202#431, 29030 SW Town Center Loop East
City: Wilsonville
State: OR Zip: 97070

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: SB Grant + EB Franklin LLC Escrow # _____
Address: Suite 202#431, 29030 SW Town Center Loop East
City: Wilsonville State: OR Zip: 97070

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

Assessor Parcel Numbers

003-202-04
003-231-04
003-234-01
003-201-03
003-251-05
003-224-03
003-233-02
003-254-01
003-242-04
003-187-04
003-186-02
003-185-03
003-191-01

COPY