17209

12147

Vol. M96 Page

Aspen TITLE & ESCROW, INC.

WARRANTY DEED

'96 APR 30 P3:49

#03044622
AFTER RECORDING RETURN TO:

JOHN KUJAVA
ALENE KUJAVA
2733 MARCOLA ROAD
SPRINGFIELD, OR 97477

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

ARLISS A. BAKER, hereinafter called GRANTOR(S), convey(s) to JOHN KUJAVA and ALENE KUJAVA, husband and wife, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

Lot 2, Block 5, ANTELOPE MEADOWS SECOND ADDITION, in the County of Klamath, State of Oregon.

Code 206 Map 2310-16CO TL 200

"THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.390."

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage, and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is $20,000.00.

In construing this deed and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument this 24th day of April 1996.

Arliss A Baker
ARLISS A. BAKER

STATE OF CALIFORNIA)
)ss.
COUNTY OF Sacramento)

On April 26, 1996 before me, Dan Hinnenkamp, personally appeared ARLISS A. BAKER ~~personally known to me~~ (or 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.
WITNESS my hand and official seal.

Signature
My commission expires:

DAN HINNENKAMP
COMMISSION #1071179
NOTARY PUBLIC – CALIFORNIA
SACRAMENTO COUNTY
MY COMM. EXPIRES SEP 4, 1999

SACRAMENTO COUNTY 12148

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH 3 1995 34 006637

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
GEORGE	WILLIAM	BAKER

4. DATE OF BIRTH MM/DD/CCYY	5. AGE-LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MONTHS / DAYS / HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
06/22/1918	77		M	09/16/1995	1110

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
IN	306-12-2277	19__ TO 19__ ☐ NONE	MARRIED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUCASIAN	☐ YES ☒ NO	MCCLELLAN AIR FORCE BASE

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
RADIO REPAIRMAN	COMMUNICATIONS	27

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
4121 POTOMAC				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
NORTH HIGHLANDS	SACRAMENTO	95660-5422	43	CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
ARLISS BAKER - WIFE	4121 POTOMAC, NORTH HIGHLANDS, CA 95660-5422

SPOUSE AND PARENTS' INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
ARLISS	L	GIRAULT

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BORN STATE
WILLIAM	W	BAKER	KY

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BORN STATE
EDITH	G.	WHITEHEAD	IN

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
09/22/1995	PACIFIC OCEAN - 3 MILES OFF COAST FROM SAN FRANCISCO, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/SEA	NOT EMBALMED	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
REICHERT'S FUNERAL SERVICES	FD 1489	Bette B Newton, MD	09/22/1995 BB

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY: IP / ER / DOA	103. FACILITY OTHER THAN HOSPITAL: CONV. HOME / RES. / OTHER	104. COUNTY
MERCY SAN JUAN HOSPITAL	☒ IP ☐ ER ☐ DOA	☐ ☐ ☐	SACRAMENTO

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
6501 COYLE AVE.	CARMICHAEL

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER
IMMEDIATE CAUSE (A)	ACUTE INFERIOR TRANSMURAL MYOCARDIAL INFARCTION	HOURS	☒ YES ☐ NO — 95-3631
DUE TO (B)	CORONARY ARTERY DISEASE	YRS.	109. BIOPSY PERFORMED: ☐ YES ☒ NO
DUE TO (C)			110. AUTOPSY PERFORMED: ☐ YES ☒ NO
DUE TO (D)			111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS—CONDITIONS TO B GIVEN IN (B) BUT NOT RELATED TO CAUSE GIVEN IN 107:

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 106 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
	Scott B Baron MD	G42165	09/21/1995

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	118. TYPED/STAMPED PHYSICIAN'S NAME, MAILING ADDRESS - ZIP
09/16/1995	09/16/1995	SCOTT B. BARON M.D. 6347 COYLE AVE, CARMICHAEL, CA 95608

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH	120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☒ COULD NOT BE DETERMINED	☐ YES ☐ NO			

124A. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

124B. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

125. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE SIGNED MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	F	G	H	PAR AUTH. #	CENSUS TRACT
									2216	

CERTIFIED COPY OF VITAL RECORDS

14705

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO } SS.

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: October 5, 1995

Bette B Newton, MD
LOCAL REGISTRAR

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

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title the 30th day of April A.D., 19 96 at 3:49 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 12147.

Bernetha G. Letsch, County Clerk

FEE $35.00 By