

1-174

26747

MAY 1996

Vol. 146 Page 325284

KNOW ALL MEN BY THESE PRESENTS, That George A. Lambdin and Joanne Lambdin

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Betty A. Taff, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantees heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 12 of Christensen/Melvin Tract in the NE  $\frac{1}{4}$  of Sec. 6, T 36 S, R 13 E of the Willamette Meridian.

(5 Acres M/L being Tax Parcel R3613 006A0 01500)

OCT 14 P3:09  
'96

[If space insufficient, continue description on reverse side]

To Have and to Hold the same unto the said grantee and grantees heirs, successors and assigns forever.

And said grantor hereby covenants to and with said grantee and grantees heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 5,000.00

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

In Witness Whereof, the grantor has executed this instrument this 15 day of December, 1995; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

[If executed by a corporation,  
the corporation seal]

California  
STATE OF OREGON,  
County of San Bernardino }  
December 22, 1995

Personally appeared the above named George  
A. Lambdin and Joanne Lambdin

and acknowledged the foregoing instrument  
to be their voluntary act and deed.

Declaro que:  
Sharon L. Seibert  
(OFFICIAL SEAL)  
Notary Public for Oregon  
My commission expires: 5-9-97

George A. Lambdin and Joanne Lambdin  
P.O. Box 290279  
Phelan, CA 92329-0279

GRANTOR'S NAME AND ADDRESS

Betty A. Taff  
19572 Oakland Ave.  
Rialto, CA 92377

GRANTEE'S NAME AND ADDRESS

After recording return to:

Betty A. Taff  
19572 Oakland Ave.

Rialto, CA 92377

NAME ADDRESS IF

Each a copy is requested and to be sent to the following address:

Betty A. Taff

19572 Oakland Ave.

Rialto, CA 92377

NAME ADDRESS IF

SPACE RESERVED  
FCI  
RECOMMENDED FOR

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 14th day of October, 1995, at 3:09 o'clock P.M., and recorded in book/reel/volume No. 996 on page 32528, or as document/loc/file/instrument/microfilm No. 26747, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk  
NAME \_\_\_\_\_  
TITLE \_\_\_\_\_

By Kathleen Ross Deputy

Fee: \$30.00

# COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

## CERTIFICATE OF DEATH

STATE FILE NUMBER STATE OF CALIFORNIA  
USE BLACK INK ONLY EXCEPT IN WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/92)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST, MIDDLE <b>ELsie LOUISA FASTEEN</b>		2. MIDDLE <b>LOUISA</b>		3. LAST (FAMILY) <b>FASTEEN</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>08/12/1937</b>		5. AGE YRS. <b>58</b>		6. SEX <b>F</b>	
7. DATE OF DEATH MM/DD/CCYY <b>08/10/1996</b>		8. HOURS <b>0245</b>		9. PLACE OF DEATH <b>SAN JOSE STATE UNIVERSITY</b>	
10. SOCIAL SECURITY NO. <b>542-40-8496</b>		11. MILITARY SERVICE <b>19 TO 19 NONE</b>		12. MARITAL STATUS <b>MARRIED</b>	
13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>CAUCASIAN</b>		15. USUAL EMPLOYER <b>SAN JOSE STATE UNIVERSITY</b>	
16. OCCUPATION <b>OFFICE/CLERICAL</b>		17. KIND OF BUSINESS <b>EDUCATION</b>		18. YEARS IN OCCUPATION <b>14</b>	
19. ADDRESS AND PLATE NUMBER <b>10471 GLENVIEW AVENUE</b>		20. ADDRESS AND PLATE NUMBER <b>CUPERTINO</b>		21. COUNTY <b>SANTA CLARA</b>	
22. ZIP CODE <b>95014</b>		23. ZIP CODE <b>95014</b>		24. TNS IN COUNTY <b>35</b>	
25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. MAILING ADDRESS STREET AND NUMBER OR RURAL ROUTE/MAIL CITY OR TOWN, STATE, ZIP <b>10471 GLENVIEW AVE., CUPERTINO, CA 95014</b>		27. LAST KNOWN NAME <b>FASTEEN</b>	
28. NAME OF SURVIVING SPOUSE—FIRST <b>GERALD</b>		29. MIDDLE <b>VIDO</b>		30. LAST KNOWN NAME <b>VIDO</b>	
31. NAME OF PARENT FIRST <b>ANTONIO</b>		32. MIDDLE <b>MORA</b>		33. LAST KNOWN NAME <b>MORA</b>	
34. NAME OF PARENT FIRST <b>ELLENA</b>		35. MIDDLE <b>VIDO</b>		36. BIRTH STATE <b>CA</b>	
37. DATE MM/DD/CCYY <b>08/14/1996</b>		38. PLACE OF FINAL DISPOSITION <b>SANTA CLARA MISSION CEMETERY, SANTA CLARA, CA</b>		39. LICENSE NO. <b>Martin D. Fensterheber MD</b>	
40. TYPE OF CEREMONY <b>CR/EU</b>		41. SIGNATURE OF CEREMONY <b>NOT EMBALMED</b>		42. SIGNATURE OF LOCAL REGISTRAR <b>08/13/1996 K</b>	
43. NAME OF FUNERAL DIRECTOR <b>LIMA FAMILY SANTA CLARA MORT. ED-93</b>		44. LICENSE NO. <b>08/13/1996</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>Martin D. Fensterheber MD</b>	
46. PLACE OF DEATH <b>OWN RESIDENCE</b>		47. FACILITY OTHER THAN HOSPITAL <b>HOSPITAL</b>		48. COUNTY <b>SANTA CLARA</b>	
49. STREET ADDRESS AND NUMBER OR LOCATION <b>10471 GLENVIEW AVE.</b>		50. ZIP CODE <b>95014</b>		51. CITY <b>CUPERTINO</b>	
52. DEATH CAUSED BY DENTER ONLY ONE CAUSE, PER LINE FOR A, B, C AND D <b>MALIGNANT LYMPHOMA, DIFFUSE LARGE CELLS</b>		53. DEATH REPORTED TO CORONER <b>NO</b>		54. DEATH REPORTED TO CORONER <b>NO</b>	
55. DEATH CERTIFIED BY <b>DEATH</b>		56. DEATH CERTIFIED BY <b>DEATH</b>		57. DEATH CERTIFIED BY <b>DEATH</b>	
58. DUE TO <b>(D)</b>		59. DUE TO <b>(D)</b>		60. DUE TO <b>(D)</b>	
61. OTHER SIGNIFICANT CONDITIONS LEADING TO DEATH BUT NOT LISTED <b>NONE</b>		62. DATE OF OPERATION <b>04/28/1995</b>		63. DATE OF OPERATION <b>04/28/1995</b>	
64. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>NEEDLE BIOPSY OF RETROPERITONEAL MASS 04/28/1995</b>		65. DATE OF DEATH <b>08/02/1996</b>		66. DATE OF DEATH <b>08/10/1996</b>	
67. PHYSICIAN'S CERTIFICATION <b>STATE OF CALIFORNIA</b>		68. SIGNATURE OF PHYSICIAN <b>Clark</b>		69. LICENSE NO. <b>G8176</b>	
70. CORONER'S USE ONLY <b>COUNTY OF SANTA CLARA</b>		71. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP <b>KOU-PING YU MD 960 KIELY BLVD. SANTA CLARA, CA 95051</b>		72. DATE MM/DD/CCYY <b>08/12/1996</b>	
73. DATE ISSUED <b>AUG 15 1996</b>		74. BY <b>Martin D. Fensterheber MD</b>		75. FAX AUTH. # <b>24445</b>	
76. STATE OF OREGON: COUNTY OF KLAMATH: <b>SS.</b>		77. DATE ISSUED <b>AUG 15 1996</b>		78. CENSUS TRACT <b>100</b>	
79. THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.		80. MARTIN D. FENSTERHEBER HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS			
81. THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING SEAL AND SIGNATURE OF REGISTRAR <b>Tolson</b>		82. DATE ISSUED <b>AUG 15 1996</b>		83. CENSUS TRACT <b>100</b>	
84. FILED FOR RECORD AT REQUEST OF <b>Ellena Vido</b>		85. THE <b>14th</b>		86. DAY	
87. OF <b>October</b>		88. A.D. <b>19 96</b>		89. P.M. <b>3:38</b>	
90. OF <b>Deeds</b>		91. ON PAGE <b>32529</b>		92. ON PAGE <b>32529</b>	
93. FEE \$10.00		94. BY <b>Bernetha G. Letsch</b>		95. COUNTY CLERK <b>Kathleen Rossel</b>	

Return: Ellena Vido 1834 Lancaster  
K.F.O. 97601

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Ellena Vido** the **14th** day  
of **October** A.D. **19 96** at **3:38** o'clock **P.M.**, and duly recorded in Vol. **M96**,  
of **Deeds** on Page **32529**.

FEE \$10.00