

NS

ASPEN 50892

Vol M00 Page 22141

200 JUN 19 11:15
 Ana R. Llarenas
 P.O. Box 9533
 Tamuning, Guam 96931

First Party's Name and Address

Perla Enterprises, Inc.
 1922 Stradella Road
 Los Angeles, CA 90077-2321

Second Party's Name and Address

After recording, return to (Name, Address, Zip):

Perla Enterprises, Inc.
 1922 Stradella Road
 Los Angeles, CA 90077

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Perla Enterprises, Inc.
 1922 Stradella Road
 Los Angeles, CA 90077

SPACE RESERVED
 FOR
 RECORDER'S USE

State of Oregon, County of Klamath

Recorded 06/19/00, at 11:15 a.m.In Vol. M00 Page 22141

Linda Smith,

County Clerk Fee \$ 31.00

ESTOPPEL DEED MORTGAGE OR TRUST DEED

THIS INDENTURE between Mateo M. Llarenas and Ana R. Llarenas, husband and wife, hereinafter called the first party, and Perla Enterprises, Inc., an Oregon corporation, hereinafter called the second party; WITNESSETH:

Whereas, the title to the real property hereinafter described is vested in fee simple in the first party, subject to the lien of a mortgage or trust deed recorded in the Records of the county hereinafter named, in book/reel/volume No. M-91 on page 2998, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which), reference to those Records hereby being made, and the notes and indebtedness secured by the mortgage or trust deed are now owned by the second party, on which notes and indebtedness there is now owing and unpaid the sum of \$21,595.18, the same being now in default and the mortgage or trust deed being now subject to immediate foreclosure; and whereas the first party, being unable to pay the same, has requested the second party to accept an absolute deed of conveyance of the property in satisfaction of the indebtedness secured by the mortgage or trust deed, and the second party does now accede to that request;

NOW, THEREFORE, for the consideration hereinafter stated (which includes the cancellation of the notes and the indebtedness secured by the mortgage or trust deed and the surrender thereof marked "Paid in Full" to the first party), the first party does hereby grant, bargain, sell and convey unto the second party and to second party's heirs, successors and assigns, all of the following described real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, to-wit:

Lot 26, Block 1, Tract 1029, SPRAGUE RIVER PINES, in the County of Klamath,
 State of Oregon.

CODE 116 MAP 3408-21DO TL 2500

The true and actual consideration for this conveyance is \$ 21,595.18 (Here comply with ORS 93.030.) _____

(OVER)

314

1083



TO HAVE AND TO HOLD the same unto the second party and second party's heirs, successors and assigns forever.

And the first party, for first party and first party's heirs and legal representatives, does covenant to and with the second party and second party's heirs, successors and assigns, that the first party is lawfully seized in fee simple of the property, free and clear of encumbrances except the mortgage or trust deed and not otherwise except (if none, so state) -----

None

that the first party will warrant and forever defend the above granted premises, and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, other than the liens above expressly excepted; that this deed is intended as a conveyance, absolute in legal effect as well as in form, of the title to the premises to the second party and all redemption rights which the first party may have therein, and not as a mortgage, trust deed or security of any kind; that possession of the premises hereby is surrendered and delivered to the second party; that in executing this deed the first party is not acting under any misapprehension as to the effect thereof or under any duress, undue influence, or misrepresentation by the second party, or second party's representatives, agents or attorneys; that this deed is not given as a preference over other creditors of the first party, and that at this time there is no person, partnership or corporation, other than the second party, interested in the premises directly or indirectly, in any manner whatsoever, except as set forth above.

In construing this instrument, it is understood and agreed that the first party as well as the second party may be more than one person; that if the context so requires the singular includes the plural, and that all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the first party has executed this instrument. If first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

Dated June 1, 192000

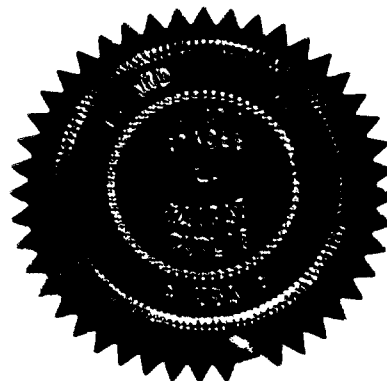
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Ana P. Llorenes

STATE OF Guam, County of Tamuning
 This instrument was acknowledged before me on June 1, 192000
 by Ana P. Llorenes
 This instrument was acknowledged before me on _____, 19____
 by _____
 as _____
 of _____

Tracee L. Kaipat
 Notary Public for Guam
 My commission expires April 7, 2000

TRACEE L. KAIPAT
 NOTARY PUBLIC
 In and for Guam U.S.A.
 My Commission Expires: April. 07, 2002
 Seventh-Day Adventist Clinic 388 Ypao Rd.
 Tamuning, Guam 96911



CERTIFICATION OF VITAL RECORD

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES

GOVERNMENT OF GUAM U.S. STANDARD CERTIFICATE OF DEATH

1600 2000 0000 060

GHURA

RECEIVED
MAR 07 2000

MATEO MACALINAO LLARENAS

2. SEX **M** 3. DATE OF DEATH Month, Day, Year
February 5, 2000

4. SOCIAL SECURITY NUMBER **586-03-8122** 5a. AGE—Last Birthday (Years) **59** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH Month, Day, Year **NOV 9, 1940** 7. BIRTHPLACE City and State or Foreign Country **Philippines**

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) **No** 9a. PLACE OF DEATH (Check only one; see instructions on other side) ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA ☐ OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **Guam Memorial Hospital** 9c. CITY, TOWN, OR LOCATION OF DEATH **Oka, Tamuning** 9d. COUNTY OF DEATH **Guam**

SEE INSTRUCTIONS ON OTHER SIDE

10. MARITAL STATUS—Married, Never married, Widowed, Divorced (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Ana Barquin Raz** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Machinist** 12b. KIND OF BUSINESS/INDUSTRY **U. S. Naval Ship Repair Facility**

13a. RESIDENCE—STATE **Guam** 13b. COUNTY **Guam** 13c. CITY, TOWN, OR LOCATION **Barrigada** 13d. STREET AND NUMBER **Hse#127 Sgt. Pedro L. Aguon Street**

13e. INSIDE CITY LIMITS? (Yes or no) **No** 13f. ZIP CODE **96913** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No **Filipino** 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) **2**

PARENTS

17. FATHER'S NAME (First, Middle, Last) **PEDRO OCON LLARENAS** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **MARCELINA MACALINAO**

INFORMANT

19a. INFORMANT'S NAME (Type/Print) **Bernard Raz Llarenas** 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **P.O. Box 9533 Tamuning, Guam 96931**

DISPOSITION

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) **12-2000 Our Lady of Peace Memorial/Garden on the Mount** 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Windward Hills, Guam** 20c. LOCATION—City or Town, State **Blk.-296-Lot-12**

NON-IDENTIFIED OR OTHER NAME

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]* 21b. LICENSE NUMBER **13-000901765-003** 21c. NAME AND ADDRESS OF FACILITY **Our Lady of Peace Memorial Agaña, Guam**

PONOUNCING PHYSICIAN

22a. LICENSE NUMBER **M-1237** 22b. DATE SIGNED Month, Day, Year

23a. TIME OF DEATH

23b. DATE OF DEATH **February 5, 2000** 23c. TIME OF DEATH **11:50 A M**

24. PART I

24. PART I Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

25. IMMEDIATE CAUSE

25. IMMEDIATE CAUSE (Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) **SEPTIC SHOCK**

26. DUE TO OR AS A CONSEQUENCE OF

26. DUE TO OR AS A CONSEQUENCE OF: **HEPATIC ENCEPHALOPATHY**

27. DUE TO OR AS A CONSEQUENCE OF

27. DUE TO OR AS A CONSEQUENCE OF: **HEPATITIS B**

28. CAUSE OF DEATH

28. CAUSE OF DEATH (Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) **Bleeding Duodenal Ulcer**

29. MANNER OF DEATH

29. MANNER OF DEATH (Check only one) ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

30. DATE OF INJURY

30. DATE OF INJURY (Month, Day, Year) **February 5, 2000** 30a. TIME OF INJURY (Hour, Minute) **11:50 A M** 30b. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) **At home** 30c. LOCATION (Street and Number or Rural Route Number, City or Town, State) **Oka, Tamuning**

31a. CERTIFIER

31a. CERTIFIER (Check only one) ☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the specified and manner as stated. ☐ PRACTICING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the specified and manner as stated. ☐ MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the specified and manner as stated.

31b. SIGNATURE AND TITLE OF CERTIFIER

31b. SIGNATURE AND TITLE OF CERTIFIER *[Signature]* 31c. LICENSE NUMBER **M-1237** 31d. DATE SIGNED Month, Day, Year **27/7/00**

32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27

32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27 (Type/Print) **PARTHASARATHY RAGURAM M.D. 850 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96911**

33. REGISTRAR

33. REGISTRAR (Type/Print) **CAROLYN R. GARRIDO** 34. DATE FILED Month, Day, Year **FEB 07 2000**

77910
CERTIFIED COPY OF VITAL RECORDS Mateo Macalinao Llarenas-2000-0060
GOVERNMENT OF GUAM

This is a true and exact reproduction of the document officially registered and placed on file in the office of Vital Statistics, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES.

DATE ISSUED

FEB 22 2000

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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