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20 JUN 23 AM 11:16

Vol MOO Page 22916

Linthicum Family Trust

STATE OF OREGON,  
County of \_\_\_\_\_ } ss.Grantor's Name and Address  
Juneal Trust

I certify that the within instrument was received for record on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_ and/or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Records of said County.

Grantee's Name and Address

SPACE RESERVED  
FOR  
RECORDER'S USE

Witness my hand and seal of County affixed.

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

A. Neal and June L. Simmons  
500 W. Crescent Drive  
Palm Springs, CA 92262

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

Trustees of the Juneal Trust  
500 W. Crescent Drive  
Palm Springs, CA 92262

NAME

TITLE

By \_\_\_\_\_, Deputy.

MTC  
38575

## BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that June L. Linthicum-Simmons formerly known as June L. Linthicum, Trustee of the Linthicum Family Trust hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto A. Neal Simmons and June L. Simmons, Trustees of Juneal Trust hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

Lot 5 in Block 6, LAKESIDE ADDITION, according to the official plat thereof on file in the Office of the County Clerk of Klamath County, Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$\_\_\_\_\_. <sup>Ⓢ</sup> However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. <sup>Ⓢ</sup> (The sentence between the symbols <sup>Ⓢ</sup>, if not applicable, should be deleted. See ORS 93.030.)

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.

IN WITNESS WHEREOF, the grantor has executed this instrument on June 7, 2000; if grantor 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.

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.

June L. Linthicum-Simmons

STATE OF OREGON, County of Klamath ) ss.This instrument was acknowledged before me on June 7, 2000  
by June L. Linthicum-Simmons

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_



Notary Public for Oregon  
My commission expires 8-2-03

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

22917

mtc 38575

#### CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ERNEST		LEE		LINTHICUM	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS		6. SEX	
12/10/1930		66		M	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
OK		564-36-8565		MAR.	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		SELF EMPLOYED	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
OIL AND GAS PRODUCER		PETROLEUM		40	
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
38215 VIA FORTUNA					
21. CITY		22. COUNTY		23. ZIP CODE	
PALM SPRINGS		RIVERSIDE		92264	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
30		CA			
26. NAME, RELATIONSHIP					
JUNE L. LINTHICUM, WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
38215 VIA FORTUNA, PALM SPRINGS, CA 92264					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
JUNE		LORRAINE		ROBERTSON	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
ERNEST		-		LINTHICUM	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
OK		OLGA		-	
37. LAST (MAIDEN)		38. BIRTH STATE			
ANDERSON		SWED			
39. DATE M/M/DD/CCYY					
02/28/1997					
40. PLACE OF FINAL DISPOSITION					
DESERT MEMORIAL PARK, 69 920 E. RAMON RD., CATHEDRAL CITY, CA 92234					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
BU		David McKnight		E7371	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
PALM SPRINGS MORT., CATHEDRAL CITY		FD1513		M.D. US	
47. DATE M/M/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR			
02/28/1997					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
DESERT HOSPITAL		X IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY	
RIVERSIDE		1150 N. INDIAN CANYON DR.		PALM SPRINGS	
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) METASTATIC MERKEL'S CELL TUMOR OF PAROTID GLAND		1 YEAR		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (B)				109. BIOPSY PERFORMED	
DUE TO (C)				X YES <input type="checkbox"/> NO	
DUE TO (D)				110. AUTOPSY PERFORMED	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				111. USED IN DETERMINING CAUSE	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
COPD					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
RIGHT PAROTIDECTOMY 04/24/1996					
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.	
DECEASED ATTENDED SINCE M/M/DD/CCYY		M.D. US		G025848	
DECEASED LAST SEEN ALIVE M/M/DD/CCYY		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		117. DATE M/M/DD/CCYY	
02/19/1997		02/25/1997		02/27/1997	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH		120. INJURY AT WORK	
ELBER S. CAMACHO M.D., 1695 N. SUNRISE WAY, PALM SPRINGS, CA 92262		NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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		FAX AUTH. #		CENSUS TRACT	
A B C D E F G H		760987			

Return to: 560 W. Crescent Drive  
Palm Springs CA 92262

State of Oregon, County of Klamath  
Recorded 06/23/00, at 11:16 a.m.  
In Vol. M00 Page 22916  
Linda Smith,  
County Clerk Fees \$6.00

#### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED 03/10/1997

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

