



525 Main Street
Klamath Falls, Oregon 97601

Vol. M01 Page 38894

Phone (541) 884-5137 ♦ Fax (541) 883-9068

After recording return to:

Joanne Kissell
3442 Hollydale Drive
Los Angeles, CA 90039

Bargain and Sale Deed

MIKE KISSELL, STEVE KISSELL, and JOANNE KISSELL, sole heirs of the estate of Lloyd R. Kissell, **Grantor**, conveys to

JOANNE KISSELL, Grantee, the following described real property, situated County of Klamath, State of Oregon, described as follows:

That portion of Lot 15, Block 17, KLAMATH FALLS FOREST ESTATES SYCAN UNIT, situated North and East of a point East 1,650 feet and South 00°05'58" West 415 feet from the Northwest corner of said Lot 15, Block 17 and also that situated South and East of a point 1,650 feet and South 00°05'58" West 415 feet from the Northwest corner of said Lot 15, Block 17.

The true consideration for this conveyance is \$ 0.00 (here comply with the requirements of ORS 93.030)

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.

Dated: July 30, 2001

Mike Kissell
Mike Kissell

Steve Kissell
Steve Kissell

Joanne Kissell
Joanne Kissell

State of Oregon, County of Klamath } ss:

This instrument was acknowledged before me on the _____ day of _____, _____ by _____

Until a change is requested all tax statements shall be sent to the following address:

Joanne Kissell
3442 Holydale Drive
Los Angeles, CA 90039

Notary Public for the State of Oregon
My commission expires _____

"See attached certificate"

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

38895

State of California

County of

Los Angeles

SS.

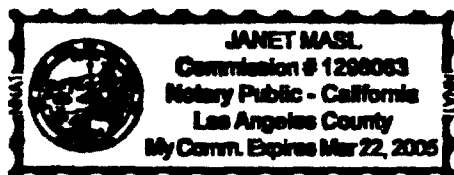
On July 30, 2001 before me,

Janet Masl, Notary Public
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Mike Kissell, Steve Kissell, and JoAnn Kissell
Name(s) of Signer(s)

☒ personally known to me
☐ 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.

Janet Masl
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Bargain and Sale Deed

Document Date: July 30, 2001 Number of Pages: 1

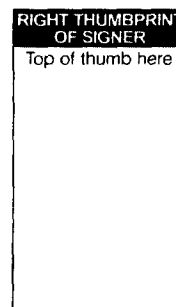
Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____



CERTIFICATE OF DEATH

38896

STATE FILE NUMBER		STATE OF CALIFORNIA BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Lloyd		2. MIDDLE Ralph		3. LAST (FAMILY) Kissell		
	4. DATE OF BIRTH MM/DD/CCYY 01/14/1928		5. AGE YRS. 68		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 07/21/1996
	8. HOUR 1206		9. STATE OF BIRTH NB.		10. SOCIAL SECURITY NO. 506-36-1369		11. MILITARY SERVICE 19 TO 19 <input type="checkbox"/> NONE
	12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 17		14. RACE Cauc.		
	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Western Air			17. OCCUPATION Pipe Fitter	
18. KIND OF BUSINESS Refrigeration		19. YEARS IN OCCUPATION 35			20. RESIDENCE—STREET AND NUMBER OR LOCATION 3442 Hollydale Dr.		
USUAL RESIDENCE	21. CITY Los Angeles		22. COUNTY Los Angeles		23. ZIP CODE 90039		24. YRS IN COUNTY 39
	25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Steve Kissell - Son				
SPOUSE AND PARENT INFORMATION	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3442 Hollydale Dr., Los Angeles, CA. 90039		28. NAME OF SURVIVING SPOUSE—FIRST Joann		29. MIDDLE -		30. LAST (MAIDEN NAME) Shoup
	31. NAME OF FATHER—FIRST Ralph		32. MIDDLE Emerson		33. LAST Kissell		34. BIRTH STATE OH.
	35. NAME OF MOTHER—FIRST Emma		36. MIDDLE -		37. LAST (MAIDEN) Pochon		38. BIRTH STATE NB.
	39. DATE MM/DD/CCYY 07/23/1996		40. PLACE OF FINAL DISPOSITION 3 Miles off shoreline - Marina del Rey, CA.				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER not embalmed		43. LICENSE NO. -		
	44. NAME OF FUNERAL DIRECTOR San Fernando Mortuary		45. LICENSE NO. F-1203		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Romero</i>		47. DATE MM/DD/CCYY 07/23/1996
PLACE OF DEATH	101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Los Angeles
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3442 Hollydale Dr.		106. CITY Los Angeles				
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
	IMMEDIATE CAUSE (A) Respiratory Arrest					mins	
	DUE TO (B) Metastatic Adenocarcinoma					4 mos	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C) Chronic Obstructive Pulmonary Disease					5 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 type="checkbox"/> NO
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 none						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. no							
PHYSI- CIAN'S CERTIFICA- TION	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 MM/DD/CCYY 05/20/1996		DECEDENT LAST SEEN ALIVE MM/DD/CCYY 07/15/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>Howard Romero</i>		116. LICENSE NO. 20A6432
	117. DATE MM/DD/CCYY 07/22/1996		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Howard Romero, MD 716 W. Broadway, Glendale, CA. 91204				
15 CORONER'S USE ONLY	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 MM/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 AND ZIP CODE)						
	126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Mark Romero</i>		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR	A		B		C		D
	E		F		G		H
FAX AUTH. #		CENSUS TRACT					

State of Oregon, County of Klamath
Recorded 08/02/01 at 2:44 p. m.
In Vol. M01 Page 38894
Linda Smith,
County Clerk Fee \$ 31.00

