



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")

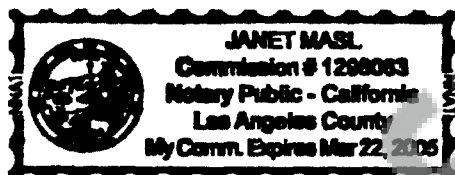
personally appeared

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:

**RIGHT THUMBPRINT  
OF SIGNER**

Top of thumb here

# 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) <b>Lloyd</b>		2. MIDDLE <b>Ralph</b>		3. LAST (FAMILY) <b>Kissell</b>		
	4. DATE OF BIRTH MM/DD/CCYY <b>01/14/1928</b>		5. AGE YRS. <b>68</b>		6. SEX <b>M</b>		7. DATE OF DEATH MM/DD/CCYY <b>07/21/1996</b>
	8. HOUR <b>1206</b>		9. STATE OF BIRTH <b>NB.</b>		10. SOCIAL SECURITY NO. <b>506-36-1369</b>		11. MILITARY SERVICE <b>19</b> TO <b>19</b> <input type="checkbox"/> NONE
	12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>17</b>		14. RACE <b>Cauc.</b>		
	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Western Air</b>		17. OCCUPATION <b>Pipe Fitter</b>		
18. KIND OF BUSINESS <b>Refrigeration</b>		19. YEARS IN OCCUPATION <b>35</b>					
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>3442 Hollydale Dr.</b>						
	21. CITY <b>Los Angeles</b>		22. COUNTY <b>Los Angeles</b>		23. ZIP CODE <b>90039</b>		24. YRS IN COUNTY <b>39</b>
25. STATE OR FOREIGN COUNTRY <b>California</b>							
INFORMANT	26. NAME, RELATIONSHIP <b>Steve Kissell - Son</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>3442 Hollydale Dr., Los Angeles, CA. 90039</b>		
	28. NAME OF SURVIVING SPOUSE—FIRST <b>Joann</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>Shoup</b>		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST <b>Ralph</b>		32. MIDDLE <b>Emerson</b>		33. LAST <b>Kissell</b>		34. BIRTH STATE <b>OH.</b>
	35. NAME OF MOTHER—FIRST <b>Emma</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>Pochon</b>		38. BIRTH STATE <b>NB.</b>
DISPOSITION(S)	39. DATE MM/DD/CCYY <b>07/23/1996</b>		40. PLACE OF FINAL DISPOSITION <b>3 Miles off shoreline - Marina del Rey, CA.</b>				
	41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>not embalmed</b>				43. LICENSE NO. <b>-</b>
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR <b>San Fernando Mortuary</b>		45. LICENSE NO. <b>F-1203</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark [Signature]</i>		47. DATE MM/DD/CCYY <b>07/23/1996</b>
PLACE OF DEATH	101. PLACE OF DEATH <b>Residence</b>		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 <b>Los Angeles</b>
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>3442 Hollydale Dr.</b>					106. CITY <b>Los Angeles</b>	
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	
	IMMEDIATE CAUSE (A) <b>Respiratory Arrest</b>					<b>mins</b>	
	DUE TO (B) <b>Metastatic Adenocarcinoma</b>					<b>4 mos</b>	
	DUE TO (C) <b>Chronic Obstructive Pulmonary Disease</b>					<b>5 yrs</b>	
	DUE TO (D)						
	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					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 <b>none</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>no</b>							
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 <b>05/20/1996</b>		DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>07/15/1996</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. <b>20A6432</b>
	117. DATE MM/DD/CCYY <b>07/22/1996</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP <b>Howard Romero, MD 716 W. Broadway, Glendale, CA. 91204</b>				
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>[Signature]</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

