

NN

'01 DEC 11 AM 11:17

Vol M01 Page 63127

STATE OF OREGON,

1 ss

Jean K. Golob

Grantor's Name and Address

Frank J. Diamantine

Kim D. Sumner

Grantee's Name and Address

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

see concurrent

warranty deed

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

see concurrent

warranty deed

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath

Recorded 12/11/01 11:17a m.Vol M01, Pg 63127-28

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

Deputy.

MTC SS846-TA

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Jean K. Golob, trustee and successor trustee of the Joseph and Jean Golob 1995 Trust created by Declaration of Trust dated**, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Frank J. Diamantine and Kim D. Sumner, 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 2 in Block 13 of the 2nd Addition to Nimrod River Park, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax no. 3611-011B0-01300-000

**May 7, 1995

(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 \$ -0-. [Ⓢ] 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. [Ⓢ] (The sentence between the symbols [Ⓢ], 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 _____; 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.

Jean K. Golob Successor Trustee
Jean K. Golob, Successor Trustee

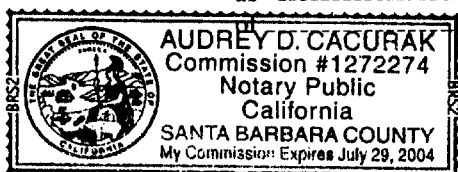
California
STATE OF ~~OREGON~~, County of Santa Barbara) ss.

This instrument was acknowledged before me on December 4, 2001
by Audrey D. Cacurak, Notary Public

This instrument was acknowledged before me on _____

by _____

as _____



Audrey D. Cacurak
Notary Public for California
My commission expires July 29, 2004

'01 DEC 11 AM 11:17

NTC 55846-7A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

HEALTH CARE SERVICES

63128

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, INDENTURES OR ALTERATIONS VS - 105 REV. 2005				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT - FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	JOSEPH		JOSE		GOLOB		
	4. DATE OF BIRTH MM/DD/YYYY 12/28/1916		5. AGE YRS 84		6. SEX MALE		7. DATE OF DEATH MM/DD/YYYY 07/14/2001
	8. STATE OF BIRTH WI		10. SOCIAL SECURITY NO. 332-10-2684		11. MILITARY SERVICE YES		12. MARITAL STATUS MARRIED
	13. RACE WHITE		14. MARRIAGE - SPECIFY NO		15. USUAL EMPLOYER FEDERAL CORRECTIONAL INSTITUTION		
USUAL RESIDENCE	16. OCCUPATION UPHOLSTERER		17. KIND OF BUSINESS PRISON		18. YEARS IN OCCUPATION 20		
	19. RESIDENCE - STREET AND NUMBER OR LOCATION 306 NORTH O STREET						
INFORMANT	20. CITY LOMPOC		21. COUNTY SANTA BARBARA		22. ZIP CODE 93436		23. YRS IN COUNTY 56
	24. NAME, RELATIONSHIP JEAN K. GOLOB-WIFE		25. MAILING ADDRESS - STREET AND NUMBER OR REAL NO. 1000, CITY OR TOWN, STATE, ZIP 306 NORTH O STREET, LOMPOC, CA, 93436				
SPOUSE AND PARENT INFORMATION	26. NAME OF SURVIVING SPOUSE - FIRST JEAN		27. MIDDLE KATHERIN		28. LAST (FAMILY NAME) PIERCE		
	29. NAME OF FATHER - FIRST FRANK		30. MIDDLE -		31. LAST GOLOB		32. BIRTH STATE SLOVENIA
	33. NAME OF MOTHER - FIRST JOSEPHINE		34. MIDDLE -		35. LAST (FAMILY NAME) VERSTY		36. BIRTH STATE SLOVENIA
DISPOSITION	37. DATE MM/DD/YYYY 07/17/2001		38. PLACE OF FINAL DISPOSITION SEA OFF THE COAST SAN DIEGO COUNTY, CA				
	39. TYPE OF DISPOSITION CR/SEA		40. SIGNATURE OF EMBALMER NOT EMBALMED		41. LICENSE NO. -		
FURNERAL DIRECTOR AND LOCAL REGISTRAR	42. NAME OF FURNERAL DIRECTOR STARBUCK-LIND MORTUARY		43. LICENSE NO. FD1244		44. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		45. DATE MM/DD/YYYY 07/17/2001
	46. PLACE OF DEATH RESIDENCE		47. IF HOSPITAL, SPECIFY ONE		48. FACILITY OTHER THAN HOSPITAL		49. COUNTY SANTA BARBARA
PLACE OF DEATH	50. STREET ADDRESS - STREET AND NUMBER OR LOCATION 306 NORTH O STREET		51. CITY LOMPOC		52. STATE CALIFORNIA		
	53. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)		54. DEATH REPORTED TO CORONER NO		55. DEATH REPORTED TO CORONER NO		
CAUSE OF DEATH	IMMEDIATE CAUSE (A) MESOTHELIOMA		56. MONTHS -		57. DEATH REPORTED TO CORONER NO		
	DUE TO (B)		58. MONTHS -		59. DEATH REPORTED TO CORONER NO		
	DUE TO (C)		60. MONTHS -		61. DEATH REPORTED TO CORONER NO		
	DUE TO (D)		62. MONTHS -		63. DEATH REPORTED TO CORONER NO		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 53		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE YES, THOROSCOPY 11/--/2000		114. USED IN DETERMINING CAUSE NO AUTOPSY		
PHYSICIAN'S CERTIFICATION	115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		116. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		117. LICENSE NO. C034443		118. DATE MM/DD/YYYY 07/17/2001
	119. TYPE AT WORK OR OTHER PLACE WHERE DEATH OCCURRED ROLLIN CLAUDE BAILEY, MD, 136 NORTH THIRD STREET, LOMPOC, 93436		120. INJURY AT WORK NO		121. INJURY DATE MM/DD/YYYY -		122. HOUR -
CORONER'S USE ONLY	123. MANNER OF DEATH		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. PLACE OF INJURY		
	126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		127. SIGNATURE OF CORONER OR DEPUTY CORONER		128. DATE MM/DD/YYYY		129. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER
STATE REGISTRAR	A	B	C	D	E	F	G
	8	42	2				

122262

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

SS

DATE ISSUED

07/19/2001

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Health Care Services, County of Santa Barbara, California.

HEALTH OFFICER
HEALTH CARE SERVICES
COUNTY OF SANTA BARBARA, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for a service man's or veteran's benefit.

