'03 JUL 7 AM 8:16

Vol M03 Page 46444

Vilma Hippach
250 E. Telegraph Sp #16
Fillmore, CA 93015
Grantor's Name and Address

Louis K. McCormack
15300 Palm Dr. Sp #7
Desert Hot Springs, CA 92240
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
Louis K. McCormack
15300 Palm Dr. Sp #7
Desert Hot Springs, CA 92240

Until requested otherwise, send all tax statements to (Name, Address, Zip):
Louis K. McCormack
15300 Palm Dr. Sp #7
Desert Hot Springs, CA 92240

SPACE RESERVED FOR RECORDER'S USE

State of Oregon, County of Klamath
Recorded 07/07/2003 8:16 a m.
Vol M03 Pg 46444-6
Linda Smith, County Clerk
Fee $ 31.00 # of Pgs 3

fixed.

Deputy.

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Vilma Hippach hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Louis K. McCormack 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 18 of Block 29 in Oregon Shores Subdivision - unit 2
Tract Number 113
As shown on the map filed on December 9, 1977 in Volume 21, page 20 of maps in the office of the county recorder of said county.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE) (For Love and Affection)

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 $ None. ① 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.① (The sentence between the symbols ①, 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

Vilma P. Hippach

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____,
by _____.

This instrument was acknowledged before me on _____,
by _____
as _____
of _____.

(See Cert. Acks Attached (N.K.))

Notary Public for Oregon

My commission expires _____

3 1

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

46445

State of California

County of Ventura

On June 14, 2003 (Date) before me, Margaret LeBard, Notary Public (Name and Title of Officer (e g , 'Jane Doe, Notary Public"))

personally appeared Vilma L. Hippach (Name(s) of Signer(s))

☐ personally known to me – **OR** – ☒ 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.

MARGARET LE BARD
Commission # 1282691
Notary Public - California
Ventura County
My Comm. Expires Nov 28, 2004

WITNESS my hand and official seal.

Margaret LeBard
Signature of Notary Public

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: June 14, 2003 Number of Pages: 1+1

Signer(s) Other Than Named Above: —

Capacity(ies) Claimed by Signer(s)

Signer's Name: Vilma L. Hippach

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

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing:
See

Signer's Name: —

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

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing:

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

46446

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER | USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS | VS-11 (REV 1/00) | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
ROSCOE	WILLIAM	HIPPACH

4. DATE OF BIRTH M M/D D/C C Y Y	5. AGE YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH M M/D D/C C Y Y	8. HOUR
07/04/1933	68			M	05/09/2002	1145

9. STATE OF BIRTH	10. SOCIAL SECURITY NO	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
IN	571-40-3230	[X] YES [ ] NO [ ] UNK	MARRIED	UNKNOWN

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUCASIAN	[ ] YES [X] NO	SAN-VAL GRINDING

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
MECHANIC	AERO SPACE	35

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
26709 DIAZ DRIVE				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
SANTA CLARITA	LOS ANGELES	91350	34	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
RICK HIPPACH - SON	26811 LAS MANANITIAS DR., VALENCIA, CA 91354

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
VILMA	L.	KARLSON	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
LOUIS	ALBERT	HIPPACK	NE
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
JOAN		MILLER	SCOTLAND

DISPOSITION(S)

39. DATE M M/D D/C C Y Y	40. PLACE OF FINAL DISPOSITION
05/16/2002	BARDSDALE CEMETERY, 1698 SESPE ST., FILLMORE, CA 93015

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	▶ Robert C Glanville	8538
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE M M/D D/C C Y Y**
SKILLIN-CARROLL MORTUARY	FD-200	▶ Thomas L Garthwaite / 05/14/2002

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
HENRY MAYO NEWHALL MEM. HOSPITAL	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. CARE [ ] OTHER	LOS ANGELES
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)			**106. CITY**
23845 McBEAN PARKWAY			VALENCIA

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)	CARDIAC ARREST	MINS
DUE TO	(B)	VENTRICULAR TACHYCARDIA	MINS
DUE TO	(C)	CARDIOMYOPATHY	YRS
DUE TO	(D)		

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

ADULT RESPIRATORY DISTRESS SYNDROME

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

NO

PHYSICIAN'S CERTIFICATION

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 M M/D D/C C Y Y	DECEDENT LAST SEEN ALIVE M M/D D/C C Y Y	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO	117. DATE M M/D D/C C Y Y
	05/09/2002	05/09/2002	▶ IS	A73825	05/10/2002

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

KARO ISAGHOLIAN, M.D., 777-A FLOWER ST., GLENDALE, CA 91201

CORONER'S USE ONLY

51F

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE M M/D D/C C Y Y	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

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/D D/C C Y Y	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
									090521500

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Thomas L Garthwaite
Director of Health Services and Registrar

DATE ISSUED
233
MAY 21 2002

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