

05 APR 6 AM 10:31

RECORDING REQUESTED BY
PATRICIA ROY

Vol M05 Page 23576

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

Name PATRICIA ROY
Street 11142 KLING ST.
Address _____
City & State TOLUCA LAKE, CA 91602
Zip _____

Title Order No. _____ Escrow No. _____

State of Oregon, County of Klamath
Recorded 04/06/2005 10:31a m
Vol M05 Pg 23576-77
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

T 355 Legal (2-94)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX IS \$ ZERO

☐ unincorporated area ☒ City of KALAMATH FALLS

Parcel No. R-3811-016B0 03900

☐ computed on full value of interest or property conveyed, or

☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, PATRICIA ROY THROUGH POWER OF ATTORNEY GRANTED BY MAE E. ANDERSON, DATED 1ST OCTOBER 2004 RECORDED INSTRUMENT NO. 04 2536721 IN LOS ANGELES COUNTY, CALIFORNIA

hereby GRANT(S) to PATRICIA ROY, AS TRUSTEE OF THE MAE E. ANDERSON LIVING TRUST, ESTABLISHED OCTOBER 9, 2004.

the following described real property in the CITY OF KLAMATH FALLS

county of KLAMATH FALLS, state of Oregon S.E. 1/2 LOT 27 BLOCK 42 SECTION 16 KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT #2 AS RECORDED IN BOOK M77, PAGE 11466 OR AS FILE/REEL 31764 IN KLAMATH COUNTY OREGON.

Dated 21 Dec 04

MAE E. ANDERSON by

Patricia Roy
PATRICIA ROY as her Attorney-in-Fact

STATE OF CALIFORNIA

COUNTY OF Los Angeles } S.S.

On December 21, 2004 before me,

David R. Rubin
a Notary Public in and for said County and State, personally appeared

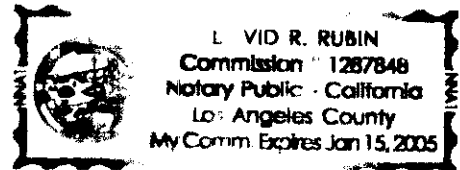
Patricia Roy

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.

WITNESS my hand and official seal

Signature

David R. Rubin



(This area for notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address

City & State

CTC-13

26- Mr. Larry Wasserman - atty in Law

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

23577

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/00)		3 200219040839 LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (GIVEN) Cecil		2 MIDDLE Earl		3 LAST (FAMILY) Anderson	
4 DATE OF BIRTH M/M/DD/CCYY 04/24/1923		5 AGE YRS 79		6 SEX Male	
7 DATE OF DEATH M/M/DD/CCYY 09/27/2002		8 HOUR 1245			
9 STATE OF BIRTH Oklahoma		10 SOCIAL SECURITY NO 461-24-2667		11 MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS Married		13 EDUCATION—YEARS COMPLETED 12			
14 RACE Black		15 HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 USUAL EMPLOYER County Of Los Angeles	
17 OCCUPATION Maintenance		18 KIND OF BUSINESS Park/Recreation		19 YEARS IN OCCUPATION 20	
20 RESIDENCE—(STREET AND NUMBER OR LOCATION) 10007 East Avenue Q-10					
21 CITY Littlerock		22 COUNTY Los Angeles		23 ZIP CODE 93543	
24 YRS IN COUNTY 60		25 STATE OR FOREIGN COUNTRY California			
26 NAME, RELATIONSHIP Mae Anderson, Wife					
27 MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 10007 East Avenue Q-10 Littlerock, CA 93543					
28 NAME OF SURVIVING SPOUSE—FIRST Mae		29 MIDDLE Eva		30 LAST (MAIDEN NAME) Hall	
31 NAME OF FATHER—FIRST Albert		32 MIDDLE -		33 LAST Anderson	
34 BIRTH STATE AR		35 NAME OF MOTHER—FIRST Maudie		36 MIDDLE -	
37 LAST (MAIDEN) Williams		38 BIRTH STATE OK			
39 DATE M/M/DD/CCYY 10/04/2002		40 PLACE OF FINAL DISPOSITION Desert Lawn Memorial Park Palmdale, CA			
41 TYPE OF DISPOSITION Burial		42 SIGNATURE OF EMBALMER <i>Vincent Wilson</i>		43 LICENSE NO 8402	
44 NAME OF FUNERAL DIRECTOR Halley-Olsen-Murphy Mem Chapel		45 LICENSE NO FD1247		46 SIGNATURE OF LOCAL REGISTRAR <i>Thomas Williams</i>	
47 DATE M/M/DD/CCYY 10/02/2002		48			
101 PLACE OF DEATH Residence		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104 COUNTY Los Angeles	
103 STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 10007 East Avenue Q-10		105 CITY Littlerock			
107 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Arteriosclerotic Cardiovascular Disease		TIME INTERVAL BETWEEN ONSET AND DEATH unk		108 DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2002-07336	
DUE TO (B)				109 BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				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 checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Hypertension, Diabetes Mellitus					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE No					
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 DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 10/02/2002		115 SIGNATURE AND TITLE OF CERTIFIER <i>Leilana Aranda</i>		116 LICENSE NO 4266172	
117 DATE M/M/DD/CCYY 10/02/2002		118 TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Leilana Aranda, Deputy Coroner			
119 MANNER OF DEATH <input checked="" 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 checked="" type="checkbox"/> NO		121 INJURY DATE M/M/DD/CCYY 10/02/2002	
122 HOUR 1015		123 PLACE OF INJURY 110		124 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 110	
125 LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 10007 East Avenue Q-10 Littlerock, CA 93543					
126 SIGNATURE OF CORONER OR DEPUTY CORONER <i>Leilana Aranda</i>		127 DATE M/M/DD/CCYY 10/02/2002		128 TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Leilana Aranda, Deputy Coroner	
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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk

SEP 17 2004

Conny B. McCormack
CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

19-0839445

This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE