

Pages 2 Fee: \$26.00

Elsa S. Cavallaro
961 Vicar Lane
San Jose, CA 95117

Jon A. Iverson
220 Laurel Street
Medford, OR 97501

Elsa S. Cavallaro, surviving trustee of the Cavallaro Family Trust dated March 14, 1994, Grantor, conveys to Elsa S. Cavallaro, Trustee of the Cavallaro Family Trust B under the Cavallaro Family Trust dated March 14, 1994, Grantee, the following described real property, situated in Klamath County, Oregon:

Lot No. 58, Odessa Summer Home Sites, Klamath County, Oregon, according to the duly recorded plat of record.

The true consideration for this conveyance is \$ 7,900.00.

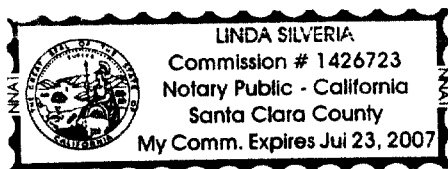
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.


DATED the 18th day of November, 2005.

Elsa S. Cavallaro
Elsa S. Cavallaro, Trustee
Cavallaro Family Trust dtd. March 14, 1994

STATE OF CALIFORNIA)
) ss.
County of Santa Clara)

The foregoing instrument was acknowledged before me on November 18, 2005, by Elsa S. Cavallaro, as trustee of the Cavallaro Family Trust dated March 14, 1994.




Notary Public for California
My commission expires

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 104)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Dominic		CAVALLARO	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
P		08/02/1923	
5. AGE Yrs		6. SEX	
81		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
05/15/2005		1818	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
ITALY		046-12-1274	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. YEARS IN OCCUPATION	
CAUCASIAN		17	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
MAIL CARRIER		POSTAL SERVICE	
20. DECEDENT'S RESIDENCE (Street and number or location)		21. CITY	
961 VICAR LN		SAN JOSE	
22. COUNTY/PROVINCE		23. ZIP CODE	
SANTA CLARA		95117	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
56		CA	
26. INFORMANT'S NAME - RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
ELSA CAVALLARO - SPOUSE		961 VICAR LN SAN JOSE CA 95117	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
ELSA		S	
30. LAST		31. BIRTH STATE	
SANTACROCE		ITALY	
32. NAME OF FATHER - FIRST		33. MIDDLE	
CLARENCE		-	
34. LAST		35. BIRTH STATE	
CAVALLARO		ITALY	
36. NAME OF MOTHER - FIRST		37. MIDDLE	
ANNA		-	
38. LAST		39. BIRTH STATE	
DICIOCCIO		ITALY	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
SANTA CLARA MISSION CEMETERY 490 LINCOLN ST SANTA CLARA CA		BURIAL	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
Marne A Harris		8907	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
LIMA FAMILY SANTA CLARA		FD 93	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
Martin D. Fenstermaker		05/19/2005 EM	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Valley Medical Center		<input type="checkbox"/> IP <input checked="" type="checkbox"/> IN/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		San Jose	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Santa Clara 751 South Bascom Avenue		San Jose	
107. CAUSE OF DEATH		108. TIME INTERVAL BETWEEN DEATH AND REPORT TO CORONER (AT)	
IMMEDIATE CAUSE (Direct cause of death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sudden Cardiac Death		Minutes 05-01828	
109. UNDERLYING CAUSE (Underlying cause of death)		110. BIOPSY PERFORMED?	
Advanced Arteriosclerotic Cardiovascular Disease		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		None	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
No		115. SIGNATURE (RP AND TITLE OF CERTIFIER)	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and state, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
F. Pakdaman		Parviz Pakdaman, MD/Med. Examiner	
127. DATE mm/dd/yyyy		128. FAX AUTH. #	
05/16/2005		00657	
129. CENSUS TRACT		130. CENSUS TRACT	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARASS DATE ISSUED 05/23/2005
By

H01894783

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstermaker MD
MARTIN D. FENSTERMAKER
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE