

**M06-08051**

Klamath County, Oregon

04/25/2006 11:41:28 AM

Pages 4 Fee: \$36.00



THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:  
The Thompson Family Trust  
4 Granhill Way  
Pittsford, NY 14534

Until a change is requested all tax statements  
shall be sent to the following address:  
The Thompson Family Trust  
4 Granhill Way  
Pittsford, NY 14534

File No.: 7021-792203 (ALF)  
Date: April 05, 2006

## **STATUTORY WARRANTY DEED**

**Jose M. Bustamante and Delia Bustamante Trustees of the Bustamante Family Trust established 1/28/99**, Grantor, conveys and warrants to **David Robert Thompson and Elizabeth Jane Thompson Trustees of The Thompson Family Trust dated August 16, 2000**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**Lot 1 Block 91, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 4, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

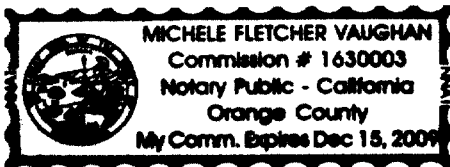
**This property is free from liens and encumbrances, EXCEPT:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$3,750.00**. (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES 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 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

365

Dated this 18 day of April, 2006.Jose M. Bustamante and Delia Bustamante  
Trustees of the Bustamante Family Trust  
established 1/28/99deceased  
Jose M. Bustamante, TrusteeDelia Bustamante  
Delia Bustamante, TrusteeSTATE OF Oregon )  
 )ss.  
County of Klamath )This instrument was acknowledged before me on this 18<sup>th</sup> day of April, 2006  
by as of Jose M. Bustamante and Delia Bustamante Trustees of the Bustamante Family Trust established  
1/28/99, on behalf of the .Michele Fletcher VaughanNotary Public for Oregon  
My commission expires:

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

SS.

On April 18, 2006, before me, Michele Fletcher Vaughan,  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Delia Bustamante,  
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) 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.

Place Notary Seal Above

Michele Fletcher Vaughan  
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: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

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: \_\_\_\_\_

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: \_\_\_\_\_

# COUNTY OF ORANGE

## HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A 200030 011408

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY IN ENTRIES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
JOSE		MANUEL		BUSTAMANTE	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX	
09/06/1926		73		M	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR			
09/07/2000		1144			
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
TX		570-24-0405		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED			
MARRIED		12			
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
WHITE		<input checked="" type="checkbox"/> MEXICAN/AMERICAN <input type="checkbox"/> NO		KRAUSE FURNITURE	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
PLANT MANAGER		FURNITURE MANUFACTURE		30	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
6411 FARINELLA DRIVE					
21. CITY		22. COUNTY		23. ZIP CODE	
HUNTINGTON BEACH		ORANGE		92647	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
30		CA			
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
DELIA BUSTAMANTE, wife		6411 FARINELLA DRIVE, HUNTINGTON BEACH, CA. 92647			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
DELIA				FRIGASO	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
GEORGE				BUSTAMANTE	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
MEXICO		JUANITA			
37. LAST (MAIDEN)		38. BIRTH STATE			
SAENZ		MEXICO			
39. DATE M/M/DD/CCYY		40. PLACE OF FINAL DISPOSITION			
09/12/2000		RES: DELIA BUSTAMANTE, 6411 FARINELLA DRIVE, HUNTINGTON BEACH, CA. 92647			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
CR / RES		NOT EMBALMED			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
OMEGA SOCIETY		FD1280		09/11/2000	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL	
HOAG MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IN <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		<input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. CITY			
ORANGE		NEWPORT BEACH			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		107. CITY			
1 HOAG DRIVE					
108. DEATH REPORTED TO CORONER		109. DEATH REPORTED TO CORONER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. DEATH REPORTED TO CORONER		111. USED IN DETERMINING CAUSE			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 107					
RESPIRATORY FAILURE, LEFT MAIN CORONARY ARTERY STENOSIS					
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.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
08/28/2000 09/07/2000		Thomas G. Benvenuti, MD		G 52876	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. DATE M/M/DD/CCYY			
THOMAS G. BEVENUTI, MD., 355 PLACENTIA AVE.,		09/08/2000			
92663					
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/CCYY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		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, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/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	

801061

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF ORANGE

} SS

SEP 18 2000 DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Mark B. Horton, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE