

M06-15029

Klamath County, Oregon

07/26/2006 02:01:33 PM

Pages 2 Fee: \$26.00

After Recording Return to:

BOB W. OAKES and DENYSE A. OAKES

Johnson Pier #40
Half Moon Bay, Ca. 94019

Until a change is requested all tax statements

Shall be sent to the following address:

BOB W. OAKES and DENYSE A. OAKES

Same as above

ASPEN: 63497 MS

WARRANTY DEED
(INDIVIDUAL)

ANTONIO F. PAEA, herein called grantor, convey(s) to **BOB W. OAKES and DENYSE A. OAKES, husband and wife**, herein called grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lots 21 & 22, Block 10, Tract No. 1027, MT. SCOTT MEADOW, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 008 MAP 3107-001DO TL 06500 KEY #81510

CODE 008 MAP 3107-001DO TL 06600 KEY #81565

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is **\$13,000.00**.
(here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)). 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 CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)).

Dated July 7, 2006.

af Paea

ANTONIO F. PAEA

STATE OF CALIFORNIA, County of LOS ANGELES ss.

On JULY 24, 2006 personally appeared the above named **ANTONIO F. PAEA** and acknowledged the foregoing instrument to be **HIS** voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00063497

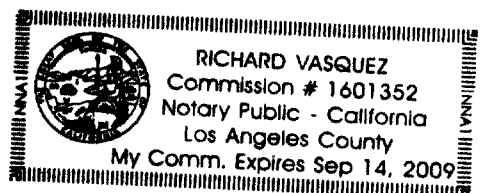
Before me: RICHARD VASQUEZ

Notary Public for California

My commission expires: SEP 14, 2009

Official Seal

[Signature]



COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
Kazuko		—		Paea	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX	
02/14/1934		68		Female	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR		9. STATE OF BIRTH	
11/20/2002		2347		Okinawa	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
545-66-8643		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
8		Asian		Self	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Homemaker		Own Home		24	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
21815 Edgar Street					
21. CITY		22. COUNTY		23. ZIP CODE	
Carson		Los Angeles		90745	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP	
35		CA		Antonio Paea - Husband	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
21815 Edgar St Carson CA 90745					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
Antonio		F		Paea	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
Unknown		Unknown		Unknown	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
Okinawa		Unknown		Unknown	
37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE M/M/DD/CCYY	
Unknown		Okinawa		11/26/2002	
40. PLACE OF FINAL DISPOSITION					
Res/Antonio Paea 21815 Edgar St Carson CA 90745					
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	
McKenzie Mortuary		FD-1539		Thomas A. Gaudin	
47. DATE M/M/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE M/M/DD/CCYY	
11/22/2002		Thomas A. Gaudin		11/22/2002	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY	
Los Angeles		21815 Edgar St		Carson	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
(A) Anoxic Brain Damage		1 Month		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Ventricular Fibrillation		1 Month		109. BIOPSY PERFORMED	
DUE TO (C) Coronary Atherosclerosis		5 Years		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				110. AUTOPSY PERFORMED	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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					
None					
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.	
DECEDENT ATTENDED SINCE M/M/DD/CCYY		DECEDENT LAST SEEN ALIVE M/M/DD/CCYY		117. DATE M/M/DD/CCYY	
11/16/2002		11/19/2002		11/22/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. INJURY AT WORK		120. INJURY DATE M/M/DD/CCYY	
David Campisi, MD		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. HOUR	
1360 W 6th Street #125 San Pedro CA 90732		122. PLACE OF INJURY		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. #	
				061-8316	
				CENSUS TRACT	
				060084643	

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.

Director of Health Services and Registrar

DATE ISSUED

214 NOV 26 2002

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