

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 aff tax statements

Shall be sent to the following address:

BOB W. OAKES and DENYSE A. OAKES

Same as above

M06-15280

Klamath County, Oregon

07/28/2006 03:37:16 PM

Pages 2 Fee: \$26.00

THIS WARRANTY DEED IS BEING RE-RECORDED TO CORRECT NAME

ASPEN: 03497 MS

WARRANTY DEED

(INDIVIDUAL)

ROBERT

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:



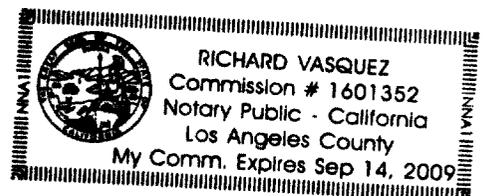
525 Main Street
Klamath Falls, OR 97601
Order No.: 00063497

Before me: RICHARD VASQUEZ

Notary Public for California

My commission expires: SEP 14, 2009

Official Seal *[Signature]*



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 1/00)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Kazuko		2. MIDDLE -		3. LAST (FAMILY) Paea					
	4. DATE OF BIRTH M/M/DD/C/YY 02/14/1934		5. AGE YRS. 68		6. SEX Female		7. DATE OF DEATH M/M/DD/C/YY 11/20/2002			
	8. HOUR 2347		9. STATE OF BIRTH Okinawa		10. SOCIAL SECURITY NO. 545-66-8643		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
	12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 8		14. RACE Asian					
USUAL RESIDENCE	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self		17. OCCUPATION Homemaker					
	18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 24		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 21815 Edgar Street					
	21. CITY Carson		22. COUNTY Los Angeles		23. ZIP CODE 90745		24. YRS IN COUNTY 35			
	25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Antonio Paea - Husband							
SPOUSE AND PARENT INFORMATION	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 Antonio		29. MIDDLE F		30. LAST (MAIDEN NAME) Paea			
	31. NAME OF FATHER—FIRST Unknown		32. MIDDLE Unknown		33. LAST Unknown		34. BIRTH STATE Okinawa			
	35. NAME OF MOTHER—FIRST Unknown		36. MIDDLE Unknown		37. LAST (MAIDEN) Unknown		38. BIRTH STATE Okinawa			
	39. DATE M/M/DD/C/YY 11/26/2002		40. PLACE OF FINAL DISPOSITION Res/Antonio Paea 21815 Edgar St Carson CA 90745							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) Cr/Res		42. SIGNATURE OF EMBALMER Not embalmed		43. LICENSE NO. -					
	44. NAME OF FUNERAL DIRECTOR McKenzie Mortuary		45. LICENSE NO. FD-1539		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas L. Gamba</i>		47. DATE M/M/DD/C/YY 11/22/2002			
	PLACE OF DEATH									
PLACE OF DEATH	101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles			
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 21815 Edgar St		106. CITY Carson		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
	IMMEDIATE CAUSE (A) Anoxic Brain Damage		TIME INTERVAL BETWEEN ONSET AND DEATH 1 Month		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					
	DUE TO (B) Ventricular Fibrillation		TIME INTERVAL BETWEEN ONSET AND DEATH 1 Month		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (C) Coronary Atherosclerosis		TIME INTERVAL BETWEEN ONSET AND DEATH 5 Years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
DUE TO (D)		TIME INTERVAL BETWEEN ONSET AND DEATH		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input 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										
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/DD/C/YY 11/16/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>David Campisi MD</i>		116. LICENSE NO. G25065		117. DATE M/M/DD/C/YY 11/22/2002			
	DECEDENT LAST SEEN ALIVE: M/M/DD/C/YY 11/19/2002		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP David Campisi, MD 1360 W 6th Street #125 San Pedro CA 90732							
CORONER'S USE ONLY	119. MANNER OF DEATH <input 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/C/YY		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/C/YY		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

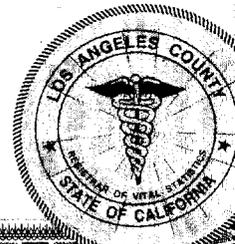
This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED
Thomas L. Gamba

214 NOV 26 2002

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE