

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

1 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

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:

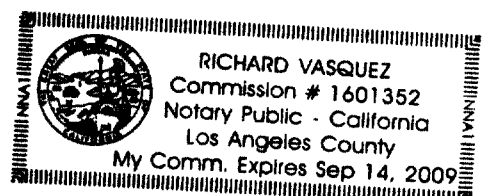
 **Aspen**
TITLE & ESCROW, INC.

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Kazuko		2. MIDDLE -		3. LAST (FAMILY) Paea	
4. DATE OF BIRTH M/M/DD/CCYY 02/14/1934		5. AGE YRS. 68		6. SEX Female	
9. STATE OF BIRTH Okinawa		10. SOCIAL SECURITY NO. 545-66-8643		7. DATE OF DEATH M/M/DD/CCYY 11/20/2002	
11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married		8. HOUR 2347	
14. RACE Asian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. EDUCATION—YEARS COMPLETED 8	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		16. USUAL EMPLOYER Self	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 21815 Edgar Street		19. YEARS IN OCCUPATION 24			
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		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	
35. NAME OF MOTHER—FIRST Unknown		36. MIDDLE Unknown		34. BIRTH STATE Okinawa	
37. LAST (MAIDEN) Unknown		38. BIRTH STATE Okinawa			
39. DATE M/M/DD/CCYY 11/26/2002		40. PLACE OF FINAL DISPOSITION Res/Antonio Paea 21815 Edgar St Carson CA 90745			
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. Campisi</i>	
47. DATE M/M/DD/CCYY 11/22/2002					
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) (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	
DUE TO (B) Ventricular Fibrillation		1 Month		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Coronary Atherosclerosis		5 Years		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 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. DECEDENT ATTENDED SINCE: M/M/DD/CCYY 11/16/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>David Campisi MD</i>		116. LICENSE NO. G25065	
DECEDENT LAST BEEN ALIVE: M/M/DD/CCYY 11/19/2002		117. DATE M/M/DD/CCYY 11/22/2002			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP David Campisi, MD 1360 W 6th Street #125 San Pedro CA 90732					
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/CCYY	
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. # 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.

Thomas L. Campisi
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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE