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NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



WILMA V. HIRST  
458 Arroyo Rd.  
Santa Barbara, CA 93110

2009-011640  
Klamath County, Oregon



00071890200900116400030039

08/31/2009 11:26:12 AM

Fee: \$31.00

Grantor's Name and Address  
REALVEST, INC.,  
63 Via Pico Plaza #544  
San Clemente, CA 92672

Grantee's Name and Address  
REALVEST, INC.,  
63 Via Pico Plaza #544  
San Clemente, CA 92672

Until requested otherwise, send all tax statements to (Name, Address, Zip):

REALVEST, INC.,  
63 Via Pico Plaza #544  
San Clemente, CA 92672

SPACE RESERVED  
FOR  
RECORDER'S USE

No. \_\_\_\_\_, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy.

## WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

WILMA V. HIRST  
hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by  
REALVEST, INC., A NEVADA CORPORATION who took title as Sierra Construction  
hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns,  
that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining,  
situated in \_\_\_\_\_ KLAMATH COUNTY \_\_\_\_\_ County, State of Oregon, described as follows, to-wit:

LOT 45, BLOCK 21, KLAMATH FALLS FORREST ESTATES, UNIT 1

KLAMATH COUNTY, OREGON

This Document is a clearing Deed for  
Agreement Recorded September 24, 1984 in  
Volume M84 P. 16523

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized  
in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state): \_\_\_\_\_

\_\_\_\_\_, and that  
grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all  
persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 2000.00. However, the  
actual consideration consists of or includes other property or value given or promised which is ☐ the whole ☐ part of the (indicate  
which) consideration. (The sentence between the symbols ☐ if not applicable, should be deleted. See ORS 92.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be  
made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on \_\_\_\_\_; if grantor  
is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do  
so by order of its board of directors.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING  
FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS  
195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424,  
OREGON LAWS 2007. 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 THAT THE UNIT OF LAND BEING  
TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS  
92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 195.300, 195.301 AND 195.305 TO 195.336  
AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

Wilma V. Hirst

WILMA V. HIRST

STATE OF OREGON, County of \_\_\_\_\_) ss.

This instrument was acknowledged before me on \_\_\_\_\_,  
by \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_,  
by \_\_\_\_\_  
as \_\_\_\_\_  
of \_\_\_\_\_

Notary Public for Oregon

My commission expires \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

State of California

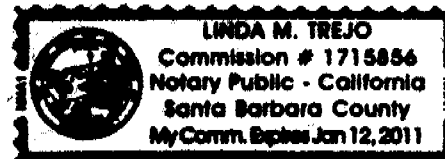
County of Santa Barbara )

On 08/17/2009 before me, Linda M Trejo,  
(insert name and title of the officer)

personally appeared Wilma V Hirst, who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature  (Seal)

### OPTIONAL

*The following information is **not** required by law, but may be helpful to other parties relying on the document and may deter fraudulent activity if removed and reattached to another document.*

Title (or type) of Document: Warranty Deed

Number of pages (**not** including this page): 1

## COUNTY OF SHASTA

2650 BRESLAUER WAY  
REDDING, CALIFORNIA 96001

## CERTIFICATE OF DEATH

3 2002 45 001599

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		3. LAST (FAMILY)	
Jesse		Ashton Hirst	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.	
06/09/1918		84	
6. SEX		7. DATE OF DEATH M/M/DD/CCYY	
M		10/01/2002	
8. HOUR		2116	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
UK		550-14-3005	
11. MILITARY SERVICE		12. MARITAL STATUS	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION—YEARS COMPLETED		14	
14. RACE		15. HISPANIC—SPECIFY	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER		17. YEARS IN OCCUPATION	
Semtech		17	
18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
Electronics		17	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)			
3620 Santa Rosa Way			
21. CITY		22. COUNTY	
Redding		Shasta	
23. ZIP CODE		24. YRS IN COUNTY	
96003		20	
25. STATE OR FOREIGN COUNTRY		CA	
26. NAME, RELATIONSHIP			
Wilma Hirst - Wife			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
4289 Baywood Dr. Redding, CA 96003			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	
Wilma		Verlea	
30. LAST (MAIDEN NAME)		Elsas	
31. NAME OF FATHER—FIRST		32. MIDDLE	
William		Ashton	
33. LAST		Hirst	
34. BIRTH STATE		UK	
35. NAME OF MOTHER—FIRST		36. MIDDLE	
Edith		-	
37. LAST (MAIDEN)		Talks	
38. BIRTH STATE		UK	
39. DATE M/M/DD/CCYY			
10/08/2002			
40. PLACE OF FINAL DISPOSITION			
Lawncrest Memorial Park Redding, CA 96002			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
Burial		David Arriola	
43. LICENSE NO.		8519	
44. NAME OF FUNERAL DIRECTOR		45. SIGNATURE OF LOCAL REGISTRAR	
Lawncrest Chapel		Andre Van Mol	
46. LICENSE NO.		47. DATE M/M/DD/CCYY	
FD-802		10/04/2002	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:	
Beverly Healthcare		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA	
103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
<input checked="" type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		Shasta	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY	
1836 Gold St.		Redding	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
(A) Cardiorespiratory Failure		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) Suspected Pneumonia		109. BIOPSY PERFORMED	
(C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(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			
Congestive Heart Failure, Valvular Heart Disease			
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 DECEASED LAST SEEN ALIVE M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER	
02/03/1999 09/26/2002		Andre Van Mol MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		117. DATE M/M/DD/CCYY	
Andre Van Mol MD 3330 Churn Creek Rd. Redding, CA 96001		10-02-2002	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		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 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		FAX AUTH. #	
A B C D E F G H		CENSUS TRACT	

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SHASTA

SS DATE ISSUED OCT / 04 / 2002

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office

ANDREW W. DECKERT, M.D., M.P.H.  
REGISTRAR OF VITAL STATISTICS  
SHASTA COUNTY HEALTH DEPARTMENT

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