

2011-08762

Klamath County, Oregon



00105282201100087620020027

07/29/2011 09:09:41 AM

Fee: \$42.00

RECORDING REQUESTED BY
COLEMAN & HOROWITT, LLP

AND WHEN RECORDED MAIL TO

Sheryl D. Noel, Esq.
499 W. Shaw, Suite 116
Fresno, CA 93704

Space above line for Recorder's Use
NO TAX DUE.

BARGAIN AND SALE DEED

Documentary transfer tax is NONE.

___ Unincorporated area X County of Klamath

Mail tax statements to Linda M. Kinchen, 8271 E. Sanders Court, Fresno, CA 93737

LINDA M. KINCHEN, a widow, Grantor, (see attached Death Certificate of spouse) hereby
CONVEYS AND GRANTS TO LINDA M. KINCHEN, Trustee of the LINDA M. KINCHEN
TRUST, dated 7/20, 2011, Grantee, the following described real property:

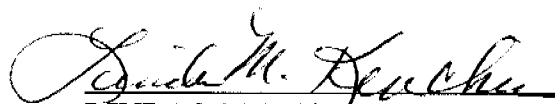
LOT 21, TRACT 1387, WHISPERING MEADOWS, ACCORDING TO THE OFFICIAL PLAT
THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY,
OREGON.

MAP/TAX ACCT #(S) ARE REFERENCED HERE: 2309-024C0-00400-000 893984 112

The true consideration for this conveyance is \$-0-.

Property is transferred to Trustee of Revocable Living Trust.

Dated: July 20, 2011.


LINDA M. KINCHEN

State of California)

)

) ss

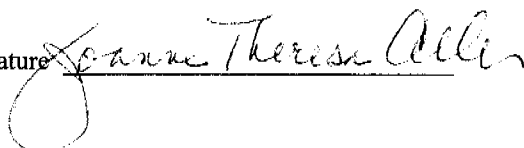
County of Fresno)

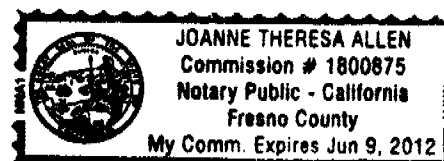
On 7/20, 2011, before me, Joanne Theresa Allen, notary public, personally appeared
LINDA M. KINCHEN, who proved to me on the basis of satisfactory evidence) to be the persons whose names are
subscribed to the within instrument and acknowledged to me that they executed the same in their authorized
capacities, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons
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





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH FRESNO, CALIFORNIA

3052011046435

CERTIFICATE OF DEATH

3201110001292

STATE FILE NUMBER 3052011046435		LOCAL REGISTRATION NUMBER 3201110001292	
1. NAME OF DECEDENT—FIRST (Given) ERVIN		2. MIDDLE WALLACE	
3. LAST (Family) KINCHEN		4. DATE OF BIRTH mm/dd/yyyy 04/23/1942	
5. AGE Yrs. 68		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 03/05/2011		8. HOUR (24 Hours) 0616	
9. BIRTH STATE/FOREIGN COUNTRY ILLINOIS		10. SOCIAL SECURITY NUMBER 551-58-1101	
11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back) ☒ YES ☐ NO ☐ UNK		12. MARITAL STATUS/SDP (at Time of Death) MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO	
15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. YEARS IN OCCUPATION 22	
17. USUAL OCCUPATION—Type of work for most of the DO NOT USE RETIRED OWNER - OPERATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) INSURANCE	
20. DECEDENT'S RESIDENCE (Street and number, or location) 8271 EAST SANDERS COURT			
21. CITY FRESNO		22. COUNTY/PRONOUNCE FRESNO	
23. ZIP CODE 93737		24. YEARS IN COUNTY 58	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP LINDA KINCHEN, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8271 EAST SANDERS COURT, FRESNO, CA 93737		28. NAME OF SURVIVING SPOUSE/SDP—FIRST LINDA	
29. MIDDLE MAE		30. LAST (BIRTH NAME) WEISS	
31. NAME OF FATHER/PARENT—FIRST ERVIN		32. MIDDLE W.	
33. LAST KINCHEN		34. BIRTH STATE LA	
35. NAME OF MOTHER/PARENT—FIRST ELEANOR		36. MIDDLE BLADE	
37. LAST (BIRTH NAME) BLADE		38. BIRTH STATE LA	
39. DISPOSITION DATE mm/dd/yyyy 03/15/2011		40. PLACE OF FINAL DISPOSITION CLOVIS CEMETERY DISTRICT 305 NORTH VILLA AVENUE, CLOVIS, CA 93612	
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER SHAWN ROSS	
43. LICENSE NUMBER EMB6744		44. NAME OF FUNERAL ESTABLISHMENT BOICE FUNERAL HOME	
45. LICENSE NUMBER FD-503		46. SIGNATURE OF LOCAL REGISTRAR EDWARD L MORENO, MD	
47. DATE mm/dd/yyyy 03/15/2011		48. PLACE OF DEATH OWN RESIDENCE	
49. COUNTY FRESNO		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 8271 EAST SANDERS COURT	
51. CITY FRESNO		52. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ ERVOP ☐ DOK ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other	
53. CAUSE OF DEATH PROBABLE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		54. TIME INTERVAL BETWEEN ONSET AND DEATH 11-03-043	
55. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PROBABLE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		56. DEATH REPORTED TO CORONER? ☒ YES ☐ NO	
57. (B) Sequitely, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		58. BIOPSY PERFORMED? ☐ YES ☒ NO	
59. (C) 110. AUTOPSY PERFORMED?		☐ YES ☒ NO	
60. (D) 111. USED IN DETERMINING CAUSE?		☐ YES ☐ NO	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
63. 113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK			
64. 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy		65. 115. SIGNATURE AND TITLE OF CERTIFIER LORETTA C ANDREWS	
66. 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		67. 117. LICENSE NUMBER 117. DATE mm/dd/yyyy	
68. 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined			
69. 119. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK			
70. 120. INJURY DATE mm/dd/yyyy 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)			
71. 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
72. 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
73. 125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
74. 126. SIGNATURE OF CORONER / DEPUTY CORONER LORETTA C ANDREWS		75. 127. DATE mm/dd/yyyy 03/14/2011	
76. 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LORETTA C ANDREWS, DEP CORONER		77. 129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.	CENSUS TRACT
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

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DATE ISSUED **MAR 23 2011**

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

