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
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 Joanne Theresa Allen

JOANNE THERESA ALLEN
Commission # 1800875
Notary Public - California
Fresno County
My Comm. Expires Jun 9, 2012

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO
DEPARTMENT OF PUBLIC HEALTH
FRESNO, CALIFORNIA

3052011046435 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 3/08)

3201110001292 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
ERVIN	WALLACE	KINCHEN

AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
04/23/1942	68			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
ILLINOIS	551-58-1101	[X] YES [ ] NO [ ] UNK	MARRIED	03/05/2011	0616

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
OWNER - OPERATOR	INSURANCE	22

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)
8271 EAST SANDERS COURT

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
FRESNO	FRESNO	93737	58	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
LINDA KINCHEN, WIFE	8271 EAST SANDERS COURT, FRESNO, CA 93737

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
LINDA	MAE	WEISS	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
ERVIN	W.	KINCHEN	LA
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
ELEANOR	-	BLADE	LA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
03/15/2011	CLOVIS CEMETERY DISTRICT 305 NORTH VILLA AVENUE, CLOVIS, CA 93612

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU	▸ SHAWN ROSS	EMB8744

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
BOICE FUNERAL HOME	FD-503	▸ EDWARD L MORENO, MD	03/15/2011

PLACE OF DEATH

101. PLACE OF DEATH: OWN RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
FRESNO	8271 EAST SANDERS COURT	FRESNO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PROBABLE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
(B)
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C)
(D)

Time Interval Between Onset and Death: (AT) YEARS (BT) (CT) (DT)

106. DEATH REPORTED TO CORONER? [X] YES [ ] NO — CORONER'S CASE NUMBER 11-03-043
108. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

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: (A) mm/dd/ccyy — Decedent Last Seen Alive: (B) mm/dd/ccyy

115. SIGNATURE AND TITLE OF CERTIFIER ▸
116. LICENSE NUMBER
117. DATE mm/dd/ccyy
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [X] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy
122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER ▸ LORETTA C ANDREWS
127. DATE mm/dd/ccyy: 03/14/2011
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: LORETTA C ANDREWS, DEP CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT

010001001730646

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

000908054

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.

DATE ISSUED MAR 23 2011

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

PBNCO (Rev) 01/10

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE