

2012-007138

Klamath County, Oregon

After Recording, return to:
James D. McVittie
Legacy Preservation Law
1841 NW 23rd Ave.
Portland, Oregon 97210



00120500201200071380050055

Until Requested Otherwise
all tax statements should be sent to:
Account No.
No change

06/29/2012 08:37:14 AM

Fee: \$57.00

Grantor(s) and address ORS 205.125(1)(b) and ORS 205.160
Theodore W. & Marie Lee
1666 Regent Dr.
San Leandro, CA 94577

Grantee(s) and address ORS 205.125(1)(b) and ORS 205.160
Theodore W. Lee
1666 Regent Dr.
San Leandro, CA 94577

SPECIAL WARRANTY DEED

Theodore W. & Marie Lee (deceased 1/4/12), as Joint Tenants, Grantors, conveys and specially warrants to Theodore Lee, as Trustee of the Theodore and Marie Lee Living Trust, Grantee, free of encumbrances created or suffered by the grantor except as specifically set forth herein, the real property particularly described as follows:

The S ½ NW ¼ SW ¼ of Section 23, Township 37, South Range 15 East W.M., County of Klamath, State of Oregon.

Subject to an easement of thirty feet (30 feet) in width along all boundaries for roadway purposes for use in common with others and an easement of sixty feet (60 feet) in width along all existing roads for roadway purposes for use in common with others.

Subject to and excepting any financing, all encumbrances, and all easements of record on the title as of the date of this conveyance. Grantor warrants and will defend the title to the property against all persons who may lawfully claim the same by, through or under the grantor.

The liability and obligations of Grantor to Grantee and Grantee's heirs and assigns under the warranties and covenants contained in this deed or provided by law shall be limited to the amount, nature, and terms of any right of indemnification available to Grantor under any title insurance policy, and Grantor will have no liability or obligation except to the extent that reimbursement for such liability or obligation is available to Grantor under any title insurance policy. The limitations contained in this paragraph expressly do not relieve Grantor of any liability or obligations under this instrument, but merely define the scope, nature, and amount of the liability or obligations.

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

The true and actual consideration for this conveyance is: \$0.

Dated this MAY 25, 2012 2012.

Theodore W. Lee
Theodore W. Lee

STATE OF CALIFORNIA

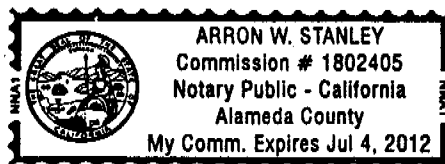
COUNTY OF Alameda

)
) SS:
)

On 5-25-12, before me, ARRON W STANLEY, a notary public in and for said state, personally appeared Theodore W. Lee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Arron W Stanley
Signature of Notary



See CA Ack

ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Alameda

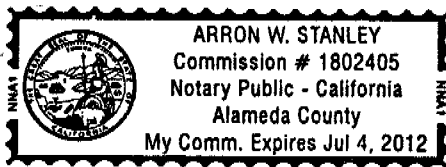
} SS.

On 5-25-12, before me, Arron W Stanley, Notary Public,

DATE

personally appeared Theodore W Lee, 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.

Arron W Stanley
NOTARY'S SIGNATURE

PLACE NOTARY SEAL IN ABOVE SPACE

OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER _____ TITLE(S)
☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

SPECIAL WARRANT DEED

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

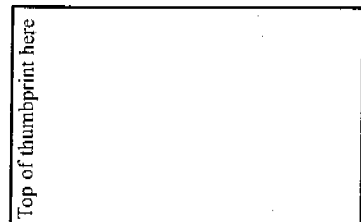
5-25-12
DATE OF DOCUMENT

SIGNER (PRINCIPAL) IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

RIGHT-
THUMBPRINT
OF
SIGNER

OTHER



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201201000034

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARIE		MARGARET		LEE	
4. DATE OF BIRTH		5. AGE YRS.		6. SEX	
12/19/1919		92		F	
7. BIRTH STATE / COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
ITALY		548-05-2983		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of death)		13. DATE OF DEATH		14. HOUR (24 Hour)	
MARRIED		01/04/2012		0143	
15. EDUCATION - (Highest Level Degree)		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		17. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g., primary store, food construction, employment agency, etc.)		20. YEARS IN OCCUPATION	
SELF EMPLOYED		TOP HAIRERS		65	
21. DECEDENT'S RESIDENCE (Street and number, or location)		22. CITY		23. COUNTY/PROVINCE	
1666 REGENT DR.		SAN LEANDRO		ALAMEDA	
24. INFORMANT'S NAME, RELATIONSHIP		25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		26. STATE/CANADA/COUNTRY	
THEODORE LEE, HUSBAND		1666 REGENT DR., SAN LEANDRO, CA 94577		CA	
27. NAME OF SURVIVING SPOUSE/SPD - FIRST		28. MIDDLE		29. LAST (BIRTH NAME)	
THEODORE		WALLACE		LEE	
30. NAME OF FATHER/PARENT - FIRST		31. MIDDLE		32. LAST	
MODESTO				PUCCINELLI	
33. NAME OF MOTHER/PARENT - FIRST		34. MIDDLE		35. LAST	
MARIA				MAZZOENI	
36. DISPOSITION DATE		37. PLACE OF FINAL DISPOSITION		38. SIGNATURE OF EXAMINER	
01/09/2012		HOLY SEPULCHRE CEMETERY 26320 MISSION BLVD., HAYWARD, CA		NOT EMBALMED	
39. TYPE OF DISPOSITION		40. LICENSE NUMBER		41. DATE	
BU		FD81		01/06/2012	
42. NAME OF FUNERAL ESTABLISHMENT		43. SIGNATURE OF LOCAL REGISTRAR		44. DATE	
SANTOS ROBINSON MORTUARY		MUNTU DAVIS, M.D.		01/06/2012	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE		47. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> GROUP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
48. COUNTY		49. STREET ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		50. CITY	
ALAMEDA		1666 REGENT DR.		SAN LEANDRO	
51. CAUSE OF DEATH		52. TIME INTERVAL BETWEEN DATE OF DEATH AND DATE OF REPORT TO CORONER		53. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE - Final disease or condition resulting in death		Time Interval Between Date of Death and Date of Report to Coroner		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ARTERIOSCLEROTIC HEART DISEASE		YES			
54. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		55. BODY PERFORMED		56. AUTOPSY PERFORMED	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		58. USED IN DETERMINING CAUSE		59. USED IN DETERMINING CAUSE	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 112? If yes, list type of operation and date.		61. IF PEOPLE PRESENT AT LAST VIEWING		62. IF PEOPLE PRESENT AT LAST VIEWING	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		64. SIGNATURE AND TITLE OF CERTIFIER		65. LICENSE NUMBER	
Decedent Attended Since Decedent Last Seen Alive		STEVEN JOSEPH ROSENTHAL, M.D.		G34732	
66. DATE OF DEATH		67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		68. DATE	
12/07/2000 01/02/2012		STEVEN JOSEPH ROSENTHAL, M.D. 13847 EAST 14TH ST., SAN LEANDRO, CA 94578		01/06/2012	
69. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		70. MANNER OF DEATH		71. INJURY AT WORK?	
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NONE	
72. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.)		73. INJURY DATE		74. HOUR (24 Hour)	
75. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		76. SIGNATURE OF CORONER / DEPUTY CORONER		77. DATE	
78. LOCATION OF INJURY (Street and number, or location, and city, and zip)		79. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		80. DATE	
81. SIGNATURE OF CORONER / DEPUTY CORONER		82. DATE		83. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
84. STATE REGISTRAR		85. FAX AUTH.		86. FAX AUTH.	
A B C D E		010001001957476		*000057601*	

1 of 2

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ALAMEDA

SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: JAN 18 2012

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

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201201000034

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME - FIRST MARIE	1B. MIDDLE MARGARET	1C. LAST LEE
	2. SEX F	3. DATE OF EVENT - MM/DD/YYYY 01/04/2012	4. CITY OF EVENT SAN LEANDRO
	5. COUNTY OF EVENT ALAMEDA		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD MODESTO - PUCCINELLI		
7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD MARIA - MAZZOLINI			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
4	12/19/1919	12/20/1919

REASON FOR CORRECTION	11. WRONG BIRTHDATE
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AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON GUY DILLING	12B. PRINTED NAME GUY DILLING	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 160 ESTUDILLO AVE., SAN LEANDRO, CA 94577		
	12E. DATE SIGNED - MM/DD/YYYY 01/06/2012		
TWO PERSONS MUST SIGN THIS FORM TO CORRECT BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON MARY DILLING	13B. PRINTED NAME MARY DILLING	13C. TITLE/RELATIONSHIP TO PERSON IN PART I SECRETARY/TREASURER
	13D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 160 ESTUDILLO AVE., SAN LEANDRO, CA 94577		
	13E. DATE SIGNED - MM/DD/YYYY 01/06/2012		
	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR MUNTU DAVIS, M.D.		
STAT/LOCAL REGISTRAR USE ONLY	15. DATE ACCEPTED FOR REGISTRATION 01/09/2012		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM NO. 1001 (01/01/00) 1553394

11*000857600*

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STATE OF CALIFORNIA
COUNTY OF ALAMEDA

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JAN 18 2012

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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