

2013-013070

Klamath County, Oregon

11/25/2013 08:53:42 AM

Fee: \$57.00

Grantor Name and Address:

GILBERT ROBERT PRESTO,
SUCCESSOR TRUSTEE
3880 COOLIDGE AVENUE
OAKLAND, CA 94602

Grantee Name and Address:

KARA MARIE JONES
PATRICK GILBERT PRESTO
62 SAN GABRIEL AVENUE
SAN FRANCISCO, CA 94112

After recording, return to:

REBECCA CONRADI, ATTORNEY AT
LAW
1980 MOUNTAIN BLVD., SUITE 205
OAKLAND, CA 94611

Until requested otherwise, send all tax statements to:

PATRICK GILBERT PRESTO
62 SAN GABRIEL AVENUE
SAN FRANCISCO, CA 94112

WARRANTY DEED

GILBERT ROBERT PRESTO, SUCCESSOR TRUSTEE, under the SHEILA T. PRESTO REVOCABLE TRUST dated May 29, 2008, whose address is 3880 Coolidge Avenue, Oakland, CA 94602 (referred to herein as "Grantor"), hereby conveys and warrants to KARA MARIE JONES, a married woman as her sole and separate property as to an undivided 50% interest, and PATRICK GILBERT PRESTO, a married man as his sole and separate property as to an undivided 50% interest, as tenants in common (referred to herein as "Grantee"), all of Grantor's interest in and to the following described real property located in Klamath County, Oregon, free of liens and encumbrances except as specifically set forth herein:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF

Property street address: 141981 Emerald Meadow Way, Crescent Lake, OR 97425

EXCEPTIONS of record on file with the County of Klamath, Oregon.

The true consideration for this conveyance is: NONE

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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated: November 11, 2013

GRANTOR:

Sheila T. Presto Revocable Trust dated
May 29, 2008

Gilbert Robert Presto
Gilbert Robert Presto, Successor Trustee

STATE OF CALIFORNIA)
)§
COUNTY OF Alameda)

On November 11, 2013 before me, Rebecca Conradi, Notary Public, personally appeared GILBERT ROBERT PRESTO, who 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 the entity upon behalf of which the person 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.

Rebecca Conradi
NOTARY PUBLIC

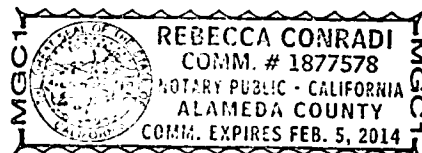


EXHIBIT A

Legal Description

LOT 10 IN DIAMOND PEAKS, TRACT NO. 1355, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

The preparer of this document has been engaged solely for the purpose of preparing this instrument, has prepared the instrument only from the information given and has not been requested to provide, nor has the preparer provided, an examination of the legal description, an opinion on title or advice on the tax, legal or non-legal consequences that may arise as a result of the conveyance, nor has such preparer verified the accuracy of the amount of consideration stated to have been paid or upon which any tax may have been calculated.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201201008259

DATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
SHEILA		PRESTO	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
T.		11/27/1948	
5. AGE Yrs.		6. SEX	
64		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
12/18/2012		1515	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		567-78-1978	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
VICE PRESIDENT		TECHNOLOGY	
17. DECEDENT'S RESIDENCE (Street and number, or location)		18. YEARS IN OCCUPATION	
4397 TERRABELLA WAY		15	
19. CITY		20. STATE/FOREIGN COUNTRY	
OAKLAND		CA	
21. COUNTY/PROVINCE		22. ZIP CODE	
ALAMEDA		94619	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
40		CA	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S ADDRESS (Street and number, or rural route, city or town, state and zip)	
PATRICK PRESTO, SON		62 SAN GABRIEL AVENUE, SAN FRANCISCO, CA 94121	
27. NAME OF SURVIVING SPOUSE/COMP-First		28. MIDDLE	
-		-	
29. LAST (BIRTH NAME)		30. BIRTH STATE	
-		IA	
31. NAME OF FATHER/PARENT-First		32. MIDDLE	
PHILIP		FRANCIS	
33. LAST		34. BIRTH STATE	
MASTERTON		IA	
35. NAME OF MOTHER/PARENT-First		36. MIDDLE	
BETTY		JEAN	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
BENNETT		WA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
12/28/2012		ST MARY'S CEMETERY	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL HOME/CHapel	
-		CHapel OF THE CHIMES	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1254		MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
12/24/2012		-	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ORG.	
OWN RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> ERCP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other	
103. CITY		104. COUNTY	
OAKLAND		ALAMEDA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
4397 TERRABELLA WAY		OAKLAND	
107. CAUSE OF DEATH		108. EACH REPORTED TO CORONER?	
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 ventilator disconnection without showing the etiology. DO NOT abbreviate.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. TIME ELAPSED BETWEEN ONSET AND DEATH	
H CARDIOPULMONARY ARREST		10 MIN	
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		110. DOPOSTY PERFORMED?	
METASTATIC BREAST CANCER TO BONES AND LIVER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PRIMARY BREAST CANCER		111. AUTOPSY PERFORMED?	
-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. USED IN DETERMINING CAUSE?	
HYPERTENSION, HYPOTHYROIDISM		<input type="checkbox"/> YES <input type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.		115. IF FEMALE, PRESENT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE LISTED FROM THE CAUSES STATED		117. LICENSE NUMBER	
Decedent Attended Once		G36756	
Decedent Last Seen Alive		118. DATE mm/dd/yyyy	
06/26/2009		12/21/2012	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. SIGNATURE OF PHYSICIAN	
JOHN PAKULA M.D.		-	
2417 CENTRAL AVENUE, ALAMEDA, CA 94501		-	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED		122. INJURED 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 <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. INJURY DATE mm/dd/yyyy	
-		-	
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		126. HOUR (24 Hour)	
-		-	
127. LOCATION OF INJURY (Street and number, or location, and city, and zip)		128. SIGNATURE OF CORONER / DEPUTY CORONER	
-		-	
129. DATE mm/dd/yyyy		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-	
131. STATE REGISTRAR		132. FAX AUTH#	
A B C D E		-	

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: FEB 05 2013

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

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

3052012231888

STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201201008259

LOCAL REGISTRATION NUMBER

1.1

☐ 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 SHEILA	1B. MIDDLE T.	1C. LAST PRESTO
	2. SEX F	3. DATE OF EVENT—MM/DD/CCYY 12/18/2012	4. CITY OF EVENT OAKLAND
	5. COUNTY OF EVENT ALAMEDA		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD PHILIP FRANCIS MASTERSON		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD BETTY JEAN BENNETT

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

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED 10	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD 567781978	10. CORRECTED INFORMATION AS IT SHOULD APPEAR 567788978
REASON FOR CORRECTION	11. TO CORRECT SOCIAL SECURITY NUMBER		

AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	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 TODARO PARKER	12B. PRINTED NAME TODARO PARKER	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4499 PIEDMONT AVENUE, OAKLAND, CA 94611	12E. DATE SIGNED—MM/DD/CCYY 01/29/2013	
	13A. SIGNATURE OF SECOND PERSON KIMBERLY ROBINSON	13B. PRINTED NAME KIMBERLY ROBINSON	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL ARRANGER
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4499 PIEDMONT AVENUE, OAKLAND, CA 94611		13E. DATE SIGNED—MM/DD/CCYY 01/29/2013	

STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 01/31/2013
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



020101002268486



1.1*000916222*

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COUNTY OF ALAMEDA

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