

Klamath County, Oregon

**Fee: \$47.00**

KENT TAYLOR)
5402 Bull Run Circle)
Austin, Texas 78727)

Harness Family Living Trust , DTD 7-8-1982, William Meredith Harness II (living) and Wanda Lee Harness (deceased) Trustees, for the consideration of Two Thousand Five Hundred Dollars (\$2,500.00) , hereby conveys, grants and deeds to **Kent Taylor, a single person,** as Grantee, the real property locally known as, and furthermore described as:
Apn# R-3611-003D0-04700-000; Nimrod River Park, 2nd Addition, Block 20, Lot 1 , Klamath County Oregon.

On this 17th day of November, 2015, in the County of SAN JOAQUIN, State of CALIFORNIA, I/we herewith sign this Grant Deed.

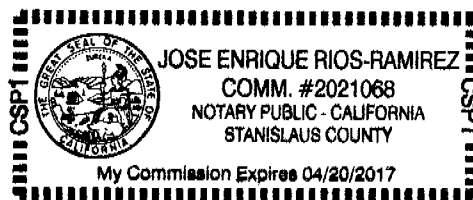
William M. Harness II
William M. Harness II

State of California)
) ss
County of San Joaquin)

On this the 17th day of November, 2015, before me, the undersigned, a notary public in and for said County and State, personally appeared William M Harness II, personally known to me (or 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 entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Wanda		Harness	
2. MIDDLE		4. DATE OF BIRTH	
Lee		12/09/1926	
5. AGE Yrs.		6. SEX	
79		F	
7. DATE OF DEATH		8. HOUR (24 Hours)	
02/23/2006		1445	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IN		309-24-6839	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Married	
13. EDUCATION - (Highest Level)		14. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
HS Graduate		White	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RECREATION		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Postal Carrier		Government	
17. DECEDENT'S RESIDENCE (Street and number or P.O. Box)		18. YEARS IN OCCUPATION	
791 E. J Street		12	
19. CITY		20. STATE/FOREIGN COUNTRY	
Lathrop		CA	
21. INFORMANT'S NAME, RELATIONSHIP		22. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state, ZIP)	
William Harness, Husband		791 E. J Street, Lathrop, CA 95330	
23. NAME OF SURVIVOR - FIRST		24. BIRTH STATE	
William		Germany	
25. NAME OF FATHER - FIRST		26. BIRTH STATE	
Elmer		Unknown	
27. NAME OF MOTHER - FIRST		28. BIRTH STATE	
Ann		Unknown	
29. DATE OF DEATH		30. PLACE OF DEATH	
03/01/2006		Hampton Care & Rehab	
31. TYPE OF DISPOSITION		32. COUNTY	
Cremation/Tr/Burial		San Joaquin	
33. NAME OF FUNERAL ESTABLISHMENT		34. CITY	
Park View Funeral Home		Stockton	
35. CAUSE OF DEATH		36. DATE REPORTED TO CORONER	
Liver Cancer		02/28/2006 KG	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING IT		38. DEATH REPORTED TO CORONER	
None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
39. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 37 OR YES/NO (and term of operation and date)		40. IF FEMALE, PREGNANT IN LAST YEAR	
No		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
41. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		42. SIGNATURE AND TITLE OF CERTIFIER	
43. DATE		44. LICENSE NUMBER	
01/17/2006		A73082	
45. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		46. DATE	
Xiaolu Sun, MD, 7373 West Lane, Stockton, CA 95210		02/24/2006	
47. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		48. INQUIRY AT WORK	
49. NUMBER OF DEATH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. PLACE OF INQUIRY (e.g., home, construction site, wooded area, etc.)		51. INQUIRY DATE	
52. DESCRIBE HOW INQUIRY OCCURRED (events which resulted in inquiry)		53. HOUR (24 Hours)	
54. LOCATION OF INQUIRY (Street and number, or location, and city, and ZIP)		55. SIGNATURE OF CORONER / DEPUTY CORONER	
56. DATE		57. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
58. STATE REGISTRAR		59. FAX AUTH #75662	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED:

03/01/2006

KAREN FURST, MD, MPH
LOCAL REGISTRAR

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

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