

2016-005323

Klamath County, Oregon



00186864201600053230050052

05/20/2016 09:46:45 AM

Fee: \$62.00

QUITCLAIM DEED

RECORDING REQUESTED BY SHIRLEY A. BEMENT

AND WHEN RECORDED MAIL TO: *and tax statement to:*

Jordan P. Stone, Grantee
P. O. Box 10991
Truckee, California 96162

Consideration: \$0.00
Property Transfer Tax: \$0.00
Assessor's Parcel No.: R-3507-006AD-08100-000

THIS QUITCLAIM DEED, executed on May 04, 2016,

in the County of Inyo, State of California

by first party, Grantor, Shirley A. Bement, who is not married

whose post office address is 1488 Argyle Lane, Bishop, California 93514

to second party, Grantee, Jordan P. Stone, who is not married

whose post office address is P. O. Box 10991, Truckee, California 96162

WITNESSETH, that the said first party, Shirley A. Bement, who is not married, as Grantor, for good consideration and for the sum of zero dollars (\$0.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Klamath, State of Oregon and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

Exhibit "A"

Oregon Shores Tract 1053, Block 12 Lot 23

Unofficial
Copy

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Shirley A. Bement
Signature of First Party

Shirley A. BEMENT
Print Name of First Party

Julie Taylor
Signature of Witness

JULIE TAYLOR
Print Name of Witness

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA

County of INYO

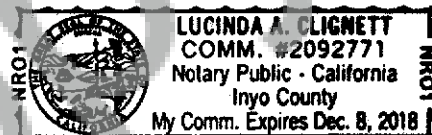
On May 4, 2016, before me Lucinda A. Clignett, a Notary Public, personally appeared Shirley A. Bement, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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 CA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

Lucinda A. Clignett
Signature of Notary Public



IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

[Signature]
Signature of Second Party

JORDAN STONE
Print Name of Second Party

[Signature]
Signature of Witness

Morgan Rumzie
Print Name of Witness

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State of CA

County of INYO

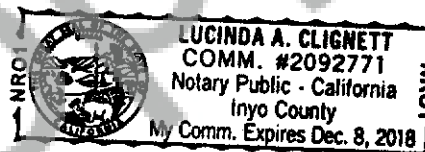
On May 4, 2016, before me, Lucinda A. Clignett, a Notary Public, personally appeared Jordan Stone, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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 CA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

[Signature]
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA

VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3200656001663

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE	
Robert		Norman	
3. LAST (Family)		Bement	
4. DATE OF BIRTH m/d/yyyy		5. AGE Yrs.	
08/06/1935		70	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH m/d/yyyy	
CO		04/23/2006	
8. BIRTH STATE/FOREIGN COUNTRY		9. HOURS (24 Hours)	
CO		2146	
10. EDUCATION — Highest Level/Grade (see worksheet on back)		11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back)	
Associate		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Battalion Chief		Fire Department	
14. DECEASED'S RACE — Up to 5 cases may be listed (see worksheet on back)		15. YEARS IN OCCUPATION	
White		34	
16. DECEASED'S RESIDENCE (Street and number or location)			
1488 Argyle Lane			
17. CITY		18. STATE/FOREIGN COUNTRY	
Bishop		CA	
19. COUNTY/PROVINCE		20. ZIP CODE	
Inyo		93514	
21. YEARS IN COUNTY		22. STATE/FOREIGN COUNTRY	
8		CA	
23. INFORMANT'S NAME, RELATIONSHIP		24. INFORMANT'S MAILING ADDRESS (Street and number or mail route number, city or town, state, ZIP)	
Shirley Bement, Wife		1488 Argyle Lane, Bishop, CA 93514	
25. NAME OF SURVIVING SPOUSE — FIRST		26. LAST (Mother's Name)	
Shirley		Abbey	
27. NAME OF FATHER — FIRST		28. LAST	
Henry		Bement	
29. NAME OF MOTHER — FIRST		30. LAST (Mother's)	
Edith		Wood	
31. PLACE OF FINAL DISPOSITION		32. DATE OF DEATH	
East Line Street Cemetery, 2000 Poleta Road, Bishop, CA 93514		05/02/2006	
33. TYPE OF DISPOSITION		34. SIGNATURE OF REGISTRAR	
Burial		Leon B. Brune	
35. NAME OF FUNERAL ESTABLISHMENT		36. LICENSE NUMBER	
Brune & Buck Mortuary		ED-192	
37. SIGNATURE OF LOCAL REGISTRAR		38. DATE m/d/yyyy	
ROBERT M LEVIN, MD		04/26/2006	
39. PLACE OF DEATH		40. IF HOSPITAL, SPECIFY ONE	
Ojai Valley Community Hospital		<input type="checkbox"/> P <input checked="" type="checkbox"/> ENOP <input type="checkbox"/> 90A <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
41. COUNTY		42. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
Ventura		1306 Maricopa Hwy.	
43. CITY		Ojai	
44. CAUSE OF DEATH		45. TIME ELAPSED SINCE ONSET AND DEATH	
Cardiopulmonary Arrest		Minutes 858-06	
46. IMMEDIATE CAUSE (First disease or condition resulting in death)		47. DEATH REPORTED TO CORONER?	
Acute Upper GI Bleed		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
48. PROBABLE CAUSE (Underlying cause or condition resulting in death)		49. BIRTH REPORTED TO CORONER?	
Probable Peptic Ulcer Disease		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)		51. BIRTH REPORTED TO CORONER?	
Lung Cancer; Chronic Obstructive Pulmonary Disease; Coronary Artery Disease		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117? (If yes, list type of operation and date)		53. IF FEMALE, PREGNANT IN LAST YEAR?	
No		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FOR THE CAUSES STATED.		55. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since		Douglas K. Nelson, D.O. 1202-C Maricopa Hwy. Ojai, CA 93023	
56. DATE m/d/yyyy		57. LICENSE NUMBER	
04/23/2006		20A4807	
58. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FOR THE CAUSES STATED.		59. DATE m/d/yyyy	
HANDWRITTEN: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		04/24/2006	
60. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		61. INJURED AT WORK?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
62. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		63. INJURY DATE m/d/yyyy	
		122. HOURS (24 Hours)	
64. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
65. SIGNATURE OF CORONER / DEPUTY CORONER		66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
67. DATE m/d/yyyy		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
69. STATE REGISTRAR		70. FAX AUTH. #	
A B C D E		71. CENSUS TRACT	



000661653

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF VENTURA

DATE ISSUED 05/04/2006

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

Robert M. Levin, M.D.
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

