

2017-003885

Klamath County, Oregon



00202015201700038850040048

Recording requested by:
THE PIXTON LAW GROUP

04/13/2017 11:30:22 AM

Fee: \$57.00

After recording return to:
THE PIXTON LAW GROUP
5285 Meadows Rd., Ste. 377
Lake Oswego, OR 97035

Until a change is requested,
send tax statements to:
DEBORAH A. HALL
1948 E. Mission Road
Fallbrook, CA 92028

WARRANTY DEED

DANIEL H. SLATE and CARL C. SLATE, Successor Co-Trustees of THE HUGH & GAIL SLATE LIVING TRUST, dated January 28, 1982, Grantors, convey and warrant to DEBORAH A. HALL, Trustee, or her successor in trust, of the LEONI RESIDUAL TRUST created under the ANDREW & BARBARA LEONI LIVING TRUST, dated February 19, 1982, Grantee, all of Grantors' undivided one-half interest in the following real property situated in Klamath County, Oregon, to-wit:

Southeast quarter of Section 33, Township 35 South, Range 11 East, of the Willamette Meridian, Klamath County, State of Oregon

SUBJECT TO: Rights of the public in and to that portion of the above property lying within the limits of roads and highways.

Parcel #R276187.

Subject to covenants, conditions, easements, encumbrances and rights-of-way of record, as well as encroachments of any obvious nature.

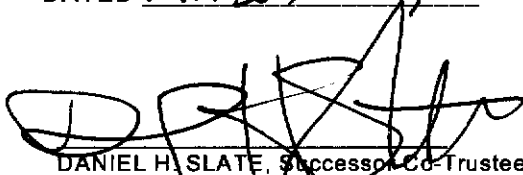
The liability and obligations of the Grantor to Grantee and Grantee's heirs and assigns under the warranties and covenants contained herein or provided by law shall be limited to the extent of coverage that would be available to Grantor under a standard policy of title insurance. The limitations contained herein expressly do not relieve Grantor of any liability or obligations under this instrument, but merely define the scope, nature, and amount of such liability or obligations.

This deed is given to transfer title from THE HUGH & GAIL SLATE LIVING TRUST, dated January 28, 1982 following the death of HOUSTON H. SLATE, Trustee of THE HUGH & GAIL SLATE LIVING TRUST, who died on March 22, 1994, his death certificate is attached. 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 MARCH 23, 2017



DANIEL H. SLATE, Successor Co-Trustee of THE
HUGH & GAIL LIVING TRUST, dated January
28, 1982



CARL C. SLATE, Successor Co-Trustee of THE
HUGH & GAIL LIVING TRUST, dated January
28, 1982

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

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 California
County of Los Angeles

On March 27, 2017 before me, Michelle Kamins, Notary Public, personally appeared, **DANIEL H. SLATE**, 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.



Signature of Notary



CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

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 CALIFORNIA
County of Santa Barbara

On MARCH 23, 2017 before me, Elizabeth Bailey, Notary Public, personally appeared, CARL C. SLATE, 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 ~~this~~ ~~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.

Elizabeth Bailey
Signature of Notary



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

39419014108

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 7/92)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) HOUSTON		2. MIDDLE HUNTER		3. LAST (FAMILY) SLATE	
4. DATE OF BIRTH—MM/DD/CCYY 03/07/1917		5. AGE YRS. 77		7. DATE OF DEATH—MM/DD/CCYY 03/22/1994	
8. STATE OF BIRTH TN		10. SOCIAL SECURITY NO. 409-10-9552		12. MARITAL STATUS MARRIED	
14. RACE CAUCASIAN		15. HISPANIC OR LATINO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED	
17. OCCUPATION ATTORNEY		18. YEARS IN OCCUPATION 50			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 4106 LONGRIDGE AVE.		21. CITY SHERMAN OAKS		22. COUNTY LOS ANGELES	
23. ZIP CODE 91423		24. YES IN COUNTY 48		25. STATE OR FOREIGN COUNTRY CALIFORNIA	
26. NAME RELATIONSHIP GAIL L. SLATE, WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4106 LONGRIDGE AVE., SHERMAN OAKS, CA. 91423			
28. NAME OF SURVIVING SPOUSE—FIRST GAIL		29. MIDDLE L.		30. LAST (MAIDEN NAME) AHLBORN	
31. NAME OF FATHER—FIRST CLAUDE		32. MIDDLE D.		33. LAST SLATE	
34. NAME OF MOTHER—FIRST JIM		35. MIDDLE -		36. LAST (MAIDEN) EDGMON	
37. DATE 03/29/1994		38. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, LOS ANGELES, CA. 90068			
41. TYPE OF DISPOSITION CREMATION/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR FOREST LAWN HOLLYWOOD HILLS		45. LICENSE NO. P 904		46. SIGNATURE OF LOCAL REGISTRAR Robert C. Logan	
47. DATE MM/DD/CCYY 03/28/1994					
101. PLACE OF DEATH ALL SAINTS CONV. HOSP.		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input checked="" type="checkbox"/> CORP. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL LOS ANGELES	
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION 11810 SATICOY		105. CITY N. HOLLYWOOD		106. CITY LOS ANGELES	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) STROKE		TIME INTERVAL BETWEEN ONSET AND DEATH 6 MOS.		108. DEATH REPORTED TO COPONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) ARTERIOSCLEROSIS		5 YRS.		109. BOPSI PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
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 DECEASED LATE BEEN ALIVE MM/DD/CCYY 05/21/1992 03/06/1994		115. SIGNATURE AND TITLE OF CERTIFIER M.D. SAFED HUMAYUN, MD, 18546 ROSCOE BLVD., NORTHRIDGE, CA. 91324		116. LICENSE NO. A39209	
117. DATE MM/DD/CCYY 03/24/1994					
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH: <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY 122. HOUR 123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		CENSUS TRACT			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

FEB 23 2017



1000001565271

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANG02