



THIS SPACE RESERVED

2017-006597
Klamath County, Oregon
06/15/2017 02:55:00 PM
Fee: \$62.00

After recording return to:

Duane W. And Karen S. Smith Revocable Trust
4200 Timberline Dr
Carson City, NV 89703

Until a change is requested all tax statements
shall be sent to the following address:

Duane W. And Karen S. Smith Revocable Trust
4200 Timberline Dr
Carson City, NV 89703
File No. 169989AM

STATUTORY WARRANTY DEED

Angelique Friend, Successor Trustee of the Maribel Cooper Trust,

Grantor(s), hereby convey and warrant to

Duane W. And Karen S. Smith Revocable Trust dated January 26th, 2017,

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except
as specifically set forth herein:

**Lot 944 RUNNING Y RESORT PHASE 11, FIRST ADDITION, according to the official plat thereof on file
in the office of the County Clerk of Klamath County, Oregon.**

The true and actual consideration for this conveyance is **\$75,000.00.**

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and
those shown below, if any:

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 this 14 day of June, 2017.

The Maribel Cooper Trust

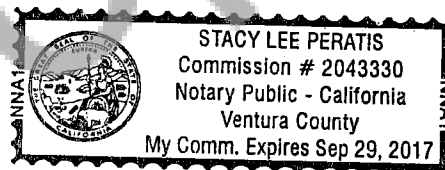
Angelique Friend
Angelique Friend, Trustee

State of California } ss
County of Ventura }

On this 14 day of June, 2017, before me, Stacy Lee Peratis a Notary Public in and for said state, personally appeared Angelique Friend, Trustee of The Maribel Cooper Trust, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Stacy Lee Peratis
Notary Public for the State of California
Residing at: _____
Commission Expires: September 29, 2017



Dated: June 8, 2016.

Angelique Friend
Angelique Friend, Trustee of the Maribel Cooper
Trust, Under Instrument Dated May 23, 2005

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.

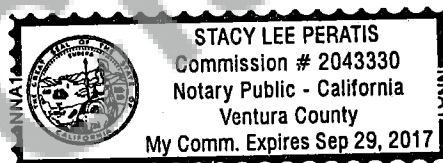
STATE OF CALIFORNIA

)(
) ss.
)

COUNTY OF VENTURA

SUBSCRIBED AND SWORN (or affirmed) before
me on this 8 day of June, 2016, by Angelique
Friend proved to me on the basis of satisfactory evi-
dence to be the person(s) who appeared before me.

Stacy Lee Peratis
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of Ventura
VENTURA, CALIFORNIA

3052015046142

CERTIFICATE OF DEATH

3201556001026

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (SEE INSTRUCTIONS ON REVERSE)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARIBEL		2. MIDDLE -		3. LAST (Family) COOPER	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		5. DATE OF BIRTH mm/dd/yyyy 10/12/1946		6. AGE Yr. Mo. Day 68	
7. BIRTH STATE/FOREIGN COUNTRY OH		8. SOCIAL SECURITY NUMBER 572-76-2816		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. MARITAL STATUS/SIDP (at Time of Death) WIDOWED		11. DATE OF DEATH mm/dd/yyyy 02/27/2015		12. HOUR (24 Hours) 1215	
13. EDUCATION - Highest Level/Degree (See worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANAGER		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) INSURANCE		18. YEARS IN OCCUPATION 40	
19. DECEDENT'S RESIDENCE (Street and number, or location) 3190 FUTURA POINT					
20. CITY THOUSAND OAKS		21. COUNTY/PROVINCE VENTURA		22. ZIP CODE 91362	
23. YEARS IN COUNTY 43		24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP WILLIAM BOYD, SON					
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 3190 FUTURA POINT, THOUSAND OAKS, CA 91362					
27. NAME OF SURVIVING SPOUSE/SIDP - FIRST -		28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT - FIRST GEORGE		31. MIDDLE MATTHEW		32. LAST MC SHERRY	
33. NAME OF MOTHER/PARENT - FIRST MARY		34. MIDDLE BORGIA		35. LAST SAGHS	
36. BIRTH STATE OH		37. BIRTH STATE OH			
38. DISPOSITION DATE mm/dd/yyyy 03/09/2015		39. PLACE OF FINAL DISPOSITION RESIDENCE WILLIAM BOYD 3190 FUTURA POINT, THOUSAND OAKS, CA 91362			
40. TYPE OF DISPOSITION(S) CR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED		42. LICENSE NUMBER -	
43. NAME OF FUNERAL ESTABLISHMENT ROSE FAMILY FUNERAL HOME		44. LICENSE NUMBER FD1760		45. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD	
46. DATE mm/dd/yyyy 03/06/2015					
47. PLACE OF DEATH RESIDENCE		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SA/CP <input type="checkbox"/> DOR <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		49. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
50. COUNTY VENTURA		51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3190 FUTURA POINT		52. CITY THOUSAND OAKS	
53. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (B) MYCOBACTERIUM AVIUM INTRACELLULARE (C) CAUSE (disease or injury) that initiated the events resulting in death LAST NONE		54. TIME ELAPSED BETWEEN ONSET AND DEATH (A) YRS (B) YRS (C) YRS		55. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 56. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 57. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 58. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 53 NONE		60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 59? (If yes, list type of operation and date) NO		61. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive 11/02/2014 Decedent Last Seen Alive 02/27/2015		63. SIGNATURE AND TITLE OF CERTIFIER MICHAEL EDWARD EIFFERT M.D. 215 W. JANSS ROAD, THOUSAND OAKS, CA 91360		64. LICENSE NUMBER A79039 DATE 03/05/2015	
65. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		66. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		67. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)	
68. PLACE OF INJURY (e.g., home, construction site, workplace, etc.)					
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
70. LOCATION OF INJURY (Street and number, or location, and city and zip)					
71. SIGNATURE OF CORONER / DEPUTY CORONER		72. DATE mm/dd/yyyy		73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
74. STATE REGISTRAR		75. FAX AUTH.#		76. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF VENTURA

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.

DATE ISSUED

03/11/2015

HEALTH OFFICER

VENTURA COUNTY, CALIFORNIA

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

PBNCO (Rev) 04/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE