



THIS SPACE RESERVED

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

2017-006627
Klamath County, Oregon
06/16/2017 03:15:00 PM
Fee: \$67.00

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, Trustees, of the
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:

Rerecorded at the request of AmeriTitle to correct the Grantee. Previously
recorded in 2017-006597.



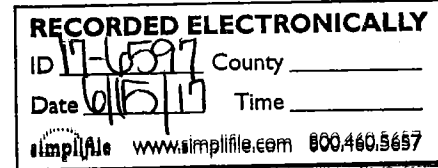
THIS SPACE RESERVED FOR RECORDER'S USE

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

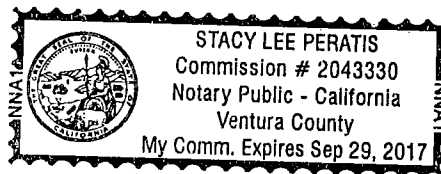
Angelique Friend
Angelique Friend, Trustee

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.

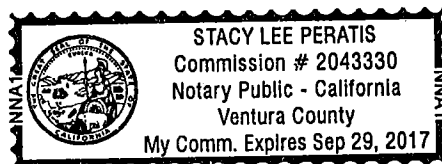
STATE OF CALIFORNIA

)(
) 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

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-112 (REV. 3/09)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARIBEL		3. LAST (Family) COOPER	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 10/12/1946	
5. AGE Yrs 68		6. SEX F	
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		10. MARITAL STATUS (GRD) at Time of Death WIDOWED	
11. DATE OF DEATH mm/dd/yyyy 02/27/2015		12. HOUR (24 Hour) 1215	
13. EDUCATION - Highest Level (Degree) 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 locality) 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/SPOUSE FIRST -	
28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT - FIRST GEORGE		31. MIDDLE MATTHEW	
32. LAST MCSHERRY		33. BIRTH STATE OH	
34. NAME OF MOTHER/PARENT - FIRST MARY		35. MIDDLE BORGIA	
36. LAST (BIRTH NAME) SACHS		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 CR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT ROSE FAMILY FUNERAL HOME		43. LICENSE NUMBER FD1760	
44. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD		45. DATE mm/dd/yyyy 03/06/2015	
46. PLACE OF DEATH RESIDENCE		47. 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	
48. COUNTY VENTURA		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) 3190 FUTURA POINT	
50. CITY THOUSAND OAKS		51. CAUSE OF DEATH CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
52. IMMEDIATE CAUSE (Final disease or condition resulting in death) MYCOBACTERIUM AVIUM INTRACELLULARE		53. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. 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		55. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		57. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 112? (If yes, list type of operation and date) NO		59. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive 11/02/2014 02/27/2015		61. SIGNATURE AND TITLE OF CERTIFIER MICHAEL EDWARD EIFFERT M.D.	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL EDWARD EIFFERT M.D. 215 W. JANSS ROAD, THOUSAND OAKS, CA 91360		63. LICENSE NUMBER A79039	
64. DATE 03/05/2015		65. CERTIFY THAT AT 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"/> Could not be determined	
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		67. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
68. INJURY DATE mm/dd/yyyy		69. INJURY HOUR (24 Hour)	
70. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
71. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
72. SIGNATURE OF CORONER / DEPUTY CORONER		73. DATE mm/dd/yyyy	
74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		75. STATE REGISTRAR	

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

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.

PRINCO (REV) 0413

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

