

2018-002102

Klamath County, Oregon



00217829201800021020070072

02/23/2018 12:50:38 PM

Fee: \$72.00

BA

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED

Joshua James Hartley

Grantor's Name and Address

Jayne Weaver Lloyd  
4398 Descent Dr.  
Sparks, NV 89436

Grantee's Name and Address

After recording, return to (Name and Address):

Jayne W. Lloyd  
4398 Descent Dr.  
Sparks, NV 89436

Until requested otherwise, send all tax statements to (Name and Address):

Jayne W. Lloyd  
4398 Descent Dr.  
Sparks, NV 89436SPACE RESERVED  
FOR  
RECORDER'S USE

## AFFIANT'S DEED

THIS INDENTURE dated February 23, 2018, by and betweenthe affiant named in the duly filed affidavit concerning the small estate of Joshua James Hartley, deceased, hereinafter called grantor, and Jayne Weaver Lloyd hereinafter called grantee; WITNESSETH:

For value received and the consideration hereinafter stated, grantor has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto grantee and grantee's heirs, successors and assigns, all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in Klamath County, State of Oregon, described as follows (legal description of property):

Klamath Forest Estates  
Block 16  
Lot 24

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee, and grantee's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. <sup>However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration.</sup> (The sentence between the symbols <sup>Ⓢ</sup>, if not applicable, should be deleted. See ORS 93.030.)

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument; any signature on behalf of a business or other entity is made with the authority of that entity.

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.

Jayne Weaver Lloyd

Affiant

STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on 23<sup>rd</sup> of February 2018by Feng Liao Jayne W. Lloyd

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_



OFFICIAL STAMP  
TING LIAO  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 967264  
MY COMMISSION EXPIRES OCTOBER 12, 2021

*[Signature]*  
Notary Public for Oregon

My commission expires October 12, 2021

IN THE CIRCUIT COURT OF STATE OF OREGON  
FOR THE COUNTY OF Klamath  
Probate Department

In the Matter of the Small Estate of:

) Case No.: 17PB04912

)  
) AFFIDAVIT OF CLAIMING SUCCESSOR  
) (SMALL ESTATE AFFIDAVIT)

Joshua James Hartley,  
Deceased.

) [Chapter 595, Sections 13 and 22, Oregon  
) Laws 2011; ORS 114.515]

STATE OF )  
OREGON ) ss.

County of Klamath

I swear that the following statements are true:

1. **The affiant.** My name and address are:

Jayne Weaver Lloyd  
5985 Pioneer Mesa Dr.  
Colorado Springs, CO 80923

I have authority to file this affidavit because: *[check at least one that applies]*

- ☒ I am an heir of the decedent, and the decedent left no will.  
☐ I am a devisee of the decedent under the decedent's will.  
☐ I am named the personal representative under the decedent's will.  
☐ I am a creditor and have not been paid the full amount owed to me within 60 days of the decedent's death. **Creditors must check the box that applies:**  
☐ The decedent died intestate and without heirs. I have attached written authorization from the Division of State Lands allowing me to file this small estate proceeding; or  
☐ Authorization from the Division of State Lands is not required because the decedent dies testate or left heirs.

2. **The decedent.**

Name: Joshua James Hartley Age: 34 Soc. Sec. No. 530-13-0253  
Home or mailing address: 567 W. Channel Islands Blvd #161  
Port Hueneme, CA 93041 Date of death: April 2, 2017  
Place of death: Oxnard, CA

**A certified copy of the death certificate is attached.**

County of KLAMATH)  
STATE OF OREGON)  
I hereby CERTIFY that the foregoing is a  
true and correct copy and the whole  
of the original is on file in the  
Clerk of Court's office.  
By [Signature]  
Date Jun 2, 2017

3. **The decedent's estate.** The following property is in the decedent's estate:

<u>Real Property</u> [attach a legal description]	<u>Fair Market Value</u> [maximum total value \$200,00]
--	--

Klamath Forest Estates	\$4,520
Block 16	
Lot 24	

<u>Personal Property</u> [PERs accounts, bank accounts, jewelry, etc.]	<u>Fair Markey Value</u> [maximum total value \$75,000]
---	--

None

["Fair market value" means the value of the property on the open market (between unrelated parties), not reduced to reflect debts owed against the property. Do not include property that transfers automatically to others following death (such as joint bank accounts).]

4. **Affidavit should be filed in Klamath County.** This small estate affidavit should be filed in Klamath County because [check at least one that applies]:

- ☐ The decedent died in \_\_\_\_\_ County.  
☐ At death, the decedent lived in or had a home in \_\_\_\_\_ County.  
☒ The decedent had property located in Klamath County at death or when this affidavit is filed.

Thirty or more days have passed since the decedent died.

5. **No probate estate exists.** No application or petition for the appointment of a personal representative has been granted in Oregon. [This means that no Oregon court has opened a probate estate for the decedent.]

6. **Is there a will?** [Check the one that applies]

- ☐ The decedent dies testate (did leave a will). The **original** will (not a copy) is attached.  
☒ The decedent died intestate (did **not** leave a will).

7. **The heirs.** The heirs of the decedent, and their addresses are:

<u>Name of each heir</u>	<u>Relationship to decedent</u>	<u>Last-known address</u>
Jayne Weaver Lloyd	Mother	5985 Pioneer Mesa Dr. Colorado Springs, CO 80923

- 1 8. **The devisees.** [This part only applies if the decedent left a will. If the decedent  
2 did not leave a will write in "none".]

3 The devisees named in the decedent's will, and their last-known addresses, are:

4 Name of each devisee

Last-known address

5 N/A  
6  
7

- 8 9. **Notice to heirs and devisees.** I promise to give to each heir and each devisee, if  
9 any, (1) a copy of this affidavit showing the date of filing and (2) a copy of the will, if  
10 the decedent died testate. I will do this by delivering or mailing the papers to the  
11 heirs and devisees at the last-known addresses. I will do this within 30 days after this  
12 affidavit is filed with the court.

- 13 10. **Who gets what?** The following people are entitled to the following property:

Name of heir or devisee

Property to be received

Jayne Weaver Lloyd

Land / Klamath Forest Estates  
Block 16  
Lot 24  
(Entire Estate)

17 [If a will exists, the will governs who gets what. If no will exists, the laws of  
18 intestacy apply (see the instructions). If one person is to receive the entire estate,  
19 state "entire estate" or "100% of residue" under "Property to be received". If, for  
20 example, three people share the estate equally, state "one-third of residue" under  
21 "Property to be received".]

- 22 11. **Creditors.** Reasonable efforts have been made to ascertain the creditors of the  
23 estate. The following expenses of or claims against the estate remain unpaid  
24 (including reimbursement owed to someone who paid claims or expenses):

Creditor's name

Last-known address

Type of claim & estimate or amount

NONE  
25  
26  
27

[If the estate has no creditors, write in "none"]

- 28 12. **Disputed Creditors.** I, as affiant, dispute the following claims against the estate:

Creditor's name

Last-known address

Type of claim & estimate or amount

NONE

[If the estate has no creditors making claims the affiant disputes, write in "none"]

13. **Notice to creditors.** I promise to give each creditor listed in parts 11 and 12 above a copy of this affidavit showing the date of filing. I will do this by delivering or mailing the papers to the creditor at the last-known address. I will do this within 30 days after this affidavit is filed with the court.

14. **Notice to Estate Administration.** Within 30 days after this affidavit is filed with the court, I promise to mail a copy of the affidavit showing the date of filing to each of the following:

Department of Human Services & Oregon Health Authority  
Estate Administration Unit  
PO Box 14021  
Salem, Oregon 97309-5024

15. **Claims may be barred.** Some claims against the estate may be barred unless specific things happen.

a. Claims against the estate not listed in this affidavit or in amounts larger than those listed in this affidavit may be barred unless:

- 1) A claim is presented to the affiant within four months of the filing of the affidavit at the address stated in part 1 of this affidavit; or
- 2) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

b. If this affidavit lists one or more claims which the affiant disputes, any such claim may be barred unless:

- 1) A petition for summary determination is filed within four months of the filing of this affidavit; or
- 2) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

I have read this affidavit. The statements it contains are true and correct to the best of my knowledge.

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2017.



My Commission expires: \_\_\_\_\_

2011-008310

Klamath County, Oregon



00104715201100083100010018

07/15/2011 12:51:41 PM

Fee: \$37.00

NOTICE OF PENDENCY OF AN ACTION

Pursuant to ORS 93.740, the undersigned states:

1. As Plaintiff, Frederick J. Vertel, has filed an action in the Circuit Court for Klamath County, State of Oregon, numbered as 11-02606 CV;
2. The Defendants are WILLIAMS & WILLIAMS WORLDWIDE REAL ESTATE SALE, LLC, an Oklahoma domestic corporation registered as a foreign limited liability company in Oregon, and U.S. BANCORP, a Delaware domestic business corporation registered as a foreign business corporation in Oregon, and doing business as U.S. BANK NATIONAL ASSOCIATION ND,
3. The object of the action is: Suit for specific performance as an equitable remedy allowed under the Unlawful Trade Practices Act, at ORS 646.638(1).
4. The description of the real property to be affected is: The North half of the North half of the Southeast quarter of Section 29, Township 34 South, Range 7 East of the Willamette Meridian, excepting therefrom the South half of the Northeast quarter of the Northeast quarter of the Southeast Quarter, in Klamath County, State of Oregon.

Dated this 15 day of July, 2011

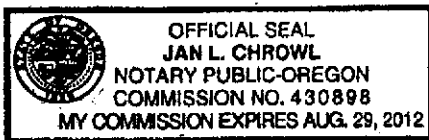
Justin E. Throne, OSB #020030

Attorney for Plaintiff

Name: Frederick J. Vertel  
Address: 36730 S. Chiloquin Rd.  
Chiloquin, OR 97624  
Phone No.: 541-783-2662

STATE OF OREGON            )  
  ) ss.  
County of Klamath         )

The foregoing instrument was acknowledged before me this 15 day of July, 2011, by Justin E. Throne.

  
Notary Public for Oregon  
My commission expires: 8-29-2012

Returned to Court

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### County of Ventura

VENTURA, CALIFORNIA

3052017073123

#### CERTIFICATE OF DEATH

3201756001527

STATE FILE NUMBER 3052017073123		LOCAL REGISTRATION NUMBER 3201756001527	
1. NAME OF DECEDENT - FIRST (Given) <b>JOSHUA</b>		2. MIDDLE <b>JAMES</b>	
3. LAST (Family) <b>HARTLEY</b>		4. DATE OF BIRTH: mm/dd/yyyy <b>08/21/1982</b>	
5. AGE Yrs. <b>34</b>		6. SEX <b>M</b>	
7. UNDER ONE YEAR Months: Days: Years: <b>0</b> <b>0</b> <b>0</b>		8. UNDER 24 HOURS Hours: Minutes: Seconds: <b>0</b> <b>0</b> <b>0</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>NV</b>		10. SOCIAL SECURITY NUMBER <b>530-13-0253</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPD* at time of Death <b>NEVER MARRIED</b>	
13. EDUCATION - Highest Level/degree (See worksheet on back) <b>BACHELOR</b>		14. WAS DECEDENT HISPANIC/LATINO/AUSPANSIT? (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) <b>WHITE</b>		16. DATE OF DEATH: mm/dd/yyyy <b>04/02/2017</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CERTIFIED PUBLIC ACCOUNTANT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FINANCIAL SERVICES</b>	
19. YEARS IN OCCUPATION <b>5</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3001 PENINSULA DRIVE</b>	
21. CITY <b>OXNARD</b>		22. COUNTY/PROVINCE <b>VENTURA</b>	
23. ZIP CODE <b>93035</b>		24. YEARS IN COUNTY <b>1</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>JAYNE LLOYD, MOTHER</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5985 PIONEER MESA DRIVE, COLORADO SPRINGS, CO 80903</b>		28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>-</b>	
29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>JAMES</b>		32. MIDDLE <b>ALLEN</b>	
33. LAST <b>HARTLEY</b>		34. BIRTH STATE <b>GA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>JAYNE</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>WEAVER</b>		38. BIRTH STATE <b>NV</b>	
39. DISPOSITION DATE: mm/dd/yyyy <b>04/15/2017</b>		40. PLACE OF FINAL DISPOSITION <b>MOUNTAIN VIEW CEMETERY</b>	
41. TYPE OF DISPOSITION(S) <b>TRBU</b>		42. SIGNATURE OF EMBALMER <b>ROBERTO GARCIA</b>	
43. LICENSE NUMBER <b>EMB6733</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>GARCIA MORTUARY</b>	
45. LICENSE NUMBER <b>FD1338</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT M LEVIN, MD</b>	
47. DATE: mm/dd/yyyy <b>04/10/2017</b>		48. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT M LEVIN, MD</b>	
101. PLACE OF DEATH <b>WATERS OF ANACAPA ISLE MARINA</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EICOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		104. CITY <b>OXNARD</b>	
105. COUNTY <b>VENTURA</b>		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>3001 PENINSULA ROAD</b>	
107. 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. <b>(A) DROWNING</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B) -</b>		110. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST <b>(C) -</b>		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		114. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		116. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
117. SIGNATURE AND TITLE OF CERTIFIER <b>GEORGE L VANDERMARK</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GEORGE L VANDERMARK, MEDICAL EXAMINER</b>	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GEORGE L VANDERMARK, MEDICAL EXAMINER</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		122. INJURY DATE: mm/dd/yyyy <b>04/02/2017</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>MARINA</b>		124. HOUR (24 Hours) <b>UNK</b>	
125. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury) <b>DROWNED IN OCEAN WATERS</b>		126. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>DOCK B SLIP 34</b>	
127. SIGNATURE OF CORONER / DEPUTY CORONER <b>GEORGE L VANDERMARK</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>GEORGE L VANDERMARK, MEDICAL EXAMINER</b>	
129. DATE: mm/dd/yyyy <b>04/07/2017</b>		130. FAX AUTH.# <b>01000100352491*</b>	
131. CENSUS TRACT <b>01000100352491*</b>		132. STATE REGISTRAR <b>A</b>	

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 **04/12/2017**

*Robert M. Levin, MD*  
HEALTH OFFICER

VENTURA COUNTY, CALIFORNIA

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

PRNCO (Rev) 6/76

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

