

2018-008261

Klamath County, Oregon

07/11/2018 01:08:01 PM

Fee: \$97.00

Grantor Name and Address:

SAMUEL P. MORENO
ROSE S. MORENO
4821 LOS PATOS AVENUE
HUNTINGTON BEACH, CA 92649

Grantee Name and Address:

ROSE S. MORENO, TRUSTEE
ERICH P. MORENO, TRUSTEE
4821 LOS PATOS AVENUE
HUNTINGTON BEACH, CA 92649

After recording, return to:

ALICIA MEZA
OC ELDER LAW
619 N. HARBOR BLVD.
FULLERTON, CA 92832

Until requested otherwise, send all tax statements to:

ROSE S. MORENO, TRUSTEE
ERICH P. MORENO, TRUSTEE
4821 LOS PATOS AVENUE
HUNTINGTON BEACH, CA 92649

QUITCLAIM DEED

SAMUEL P. MORENO (deceased), and ROSE S. MORENO, husband and wife, whose address is 4821 Los Patos Avenue, Huntington Beach, CA 92649 (referred to herein as "Grantor"), hereby releases and quitclaims to ROSE S. MORENO AND ERICH P. MORENO, TRUSTEES, or any successors in trust, under THE ROSE S. MORENO 2017 REVOCABLE TRUST dated August 07, 2017 and any amendments thereto, whose address is 4821 Los Patos Avenue, Huntington Beach, CA 92649 (referred to herein as "Grantee"), all of Grantor's interest in and to the following described real property located in Klamath County, Oregon:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF

EXCEPTIONS of record on file with the County of Klamath, Oregon.

The true consideration for this conveyance is: NONE

Dated: May 4, 2018

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.

GRANTOR:

(see attached "Exhibit B")

Samuel P. Moreno - deceased

Rose S. Moreno

Rose S. Moreno

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 Orange)

On May 4, 2018, before me, Maurak Marbut, a Notary Public, personally appeared Rose S. Moreno, who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is 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.

Maurak Marbut
NOTARY PUBLIC

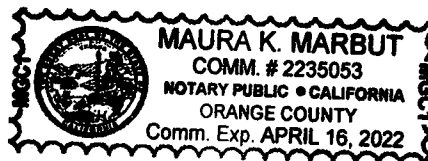


EXHIBIT A

Legal Description

The NW 1/4 NW 1/4 of Section 21, Township 36 South, Range 13 East of the Willamette Meridian, Klamath County, Oregon

The preparer of this document has been engaged solely for the purpose of preparing this instrument, has prepared the instrument only from the information given and has not been requested to provide, nor has the preparer provided, a title search, an examination of the legal description, an opinion on title or advice on the tax, legal or non-legal consequences that may arise as a result of the conveyance. Further such preparer has not verified the accuracy of the amount of consideration stated to have been paid or upon which any tax may have been calculated nor has the preparer verified the legal existence or authority of any person who may have executed the document. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.

EXHIBIT B
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CALIFORNIA 92701

3052017023508		CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-110007-000</small>		3201730001833	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) SAMUEL		2. MIDDLE PRIETO		3. LAST (Family) MORENO	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/20/1932		5. AGE Yrs. 84	
6. SEX M		7. UNDER ONE YEAR Months 04 Days 04		8. UNDER ONE YEAR Months 04 Days 04	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 545-42-7199		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROP. on Date of Death MARRIED		13. DATE OF DEATH mm/dd/yyyy 01/27/2017		14. HOUR (24 Hours) 0453	
15. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) HISPANIC	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		20. YEARS IN OCCUPATION 27	
21. DECEDENT'S RESIDENCE (Street and number, or location) 4821 LOS PATOS AVE		22. CITY HUNTINGTON BEACH		23. COUNTY/PROVINCE ORANGE	
24. ZIP CODE 92649		25. YEARS IN COUNTY 36		26. STATE/FOREIGN COUNTRY CA	
27. INFORMANT'S NAME, RELATIONSHIP ROSE MORENO, WIFE		28. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip) 4821 LOS PATOS AVE, HUNTINGTON BEACH, CA 92649			
29. NAME OF SURVIVING SPOUSE/PROP. - FIRST ROSE		30. MIDDLE SAMAKO		31. LAST (BIRTH NAME) KAWASAKI	
32. NAME OF FATHER/PARENT - FIRST AUGUSTIN		33. MIDDLE MORENO		34. LAST UNKNOWN	
35. NAME OF MOTHER/PARENT - FIRST LUCIA		36. MIDDLE PRIETO		37. LAST (BIRTH NAME) MEXICO	
38. DISPOSITION DATE mm/dd/yyyy 02/03/2017		39. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518			
40. TYPE OF DISPOSITION CR/BU		41. SIGNATURE OF EMBALMER NOT EMBALMED		42. LICENSE NUMBER	
43. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY		44. LICENSE NUMBER FD1289		45. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
46. DATE mm/dd/yyyy 02/03/2017		47. DATE mm/dd/yyyy 02/03/2017			
101. PLACE OF DEATH LIBERTY BOARDING CARE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EOP <input type="checkbox"/> DCA <input type="checkbox"/> HOSPITAL		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input checked="" type="checkbox"/> Other	
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 9152 HYDE PARK DR		106. CITY HUNTINGTON BEACH	
107. CAUSE OF DEATH CARDIOPULMONARY ARREST CORONARY ARTERY DISEASE		108. TIME ELAPSED BETWEEN Cause and Death (H) MIN (M) YRS		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. EMPOBY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ALTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date) NO			
115. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES ENTERED Decedent: ROGER NGUYEN TRAN M.D. Decedent Last Seen: 01/25/2017		116. SIGNATURE AND TITLE OF CERTIFIER ROGER NGUYEN TRAN M.D.		117. LICENSE NUMBER 118. DATE mm/dd/yyyy A85461 02/01/2017	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROGER NGUYEN TRAN M.D. 23521 PASEO DE VALENCIA #331, LAGUNA HILLS, CA 92653		120. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES ENTERED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. / CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED

February 14, 2017

003909173

Eric G. Handler M.D.
 ERIC G. HANDLER, MD
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

