

Grantor's Name and Address
GARY L. ALBERY
9732 E. 33rd Street
Yuma, Arizona 85365

Grantee's Name and Address
GARY L. ALBERY, Trustee of the GLA
TRUST
9732 E. 33rd Street
Yuma, Arizona 85365

After recording, return to:
DEASON GARNER LAW FIRM
6024 E. 32nd Street
Yuma, AZ 85365

Until requested otherwise, send all tax statements to:
GARY L. ALBERY
9732 E. 33rd Street
Yuma, Arizona 85365

2019-000549

Klamath County, Oregon

01/18/2019 02:15:08 PM

Fee: \$97.00

STATUTORY WARRANTY DEED

GARY L. ALBERY, Grantor, conveys to GARY L. ALBERY, Trustee, or his successors in interest, of the GLA TRUST, dated April 5, 2018, and any amendments thereto, Grantee, the following real property free of liens and encumbrances, except as specifically set forth herein:

SEE EXHIBIT A

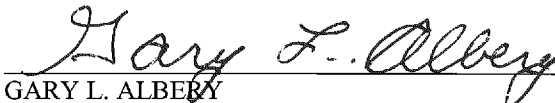
SUBJECT TO: Easements, conditions and restrictions of record on file with the County of Klamath.

The true consideration for this conveyance is \$ NONE (Here, comply with the requirements of ORS 93.030.)

This instrument has been prepared by Deason Garner Law Firm solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by client.

DATED: January 18, 2019

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.

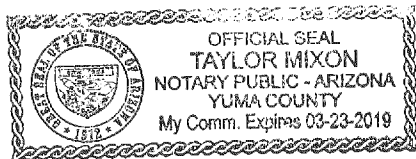

GARY L. ALBERY

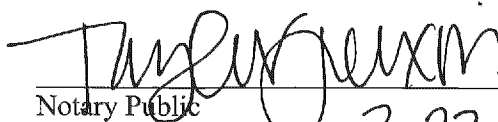
STATE OF ARIZONA

)
SS
)

COUNTY OF YUMA

This instrument was acknowledged before me on January 18, 2019, by GARY L. ALBERY.





Notary Public

My commission expires

3-23-2019

EXHIBIT A

A parcel of land situated in the SW $\frac{1}{4}$ of Section 20, Township 35 South, Range 7 East of the Willamette Meridian, more particularly described as follows: Parcel 1 of Partition 28-92 filed August 18, 1992 in Klamath County, Oregon.

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2016-047185

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) SANDRA KAY ALBERY				2. AKA'S (IF ANY)		3. DATE OF DEATH 10/26/2016	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER 538-40-6481	6. DATE OF BIRTH 09/10/1945	7. AGE 71	8. MONTHS UNDER 1 YEAR		9. DAYS	10. HOURS UNDER 1 DAY
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 9732 E 33RD ST				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: YUMA 85365		16. COUNTY OF DEATH: YUMA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EVERETT, WASHINGTON			18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) GARY LEE ALBERY		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 9732 E 33RD ST			21. CITY AND COUNTY: YUMA, YUMA		22. STATE ARIZONA	23. ZIP CODE 85365	24. EVER IN THE ARMED FORCES NO
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		<input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: OFFICE MANAGER							
29. FATHER'S NAME (FIRST, MIDDLE, LAST) WALTER THOMPSON			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) BETTY VANANTWERP				
31. INFORMANT'S NAME GARY LEE ALBERY			32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 9732 E 33RD ST, YUMA, ARIZONA 85365		
34. NAME AND ADDRESS OF FUNERAL FACILITY: DESERT VALLEY MORTUARY 138 N. AVE. B., SOMERTON, AZ				35. FUNERAL DIRECTOR: FRANK A ACUNA, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0652	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: DESERT VALLEY MORTUARY AND CREMATORY, SOMERTON, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I							
IMMEDIATE CAUSE OF DEATH	40. A COLON CANCER WITH BONE METS					41. APPROXIMATE INTERVAL: YEARS	
DUE TO OR AS A CONSEQUENCE OF:	42. B					43. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF:	44. C					45. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF:	46. D					47. APPROXIMATE INTERVAL:	
CAUSE OF DEATH PART II							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0405
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION							
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: CLEVIS T. PARKER SR., M.D.		56. DATE CERTIFIED: 10/26/2016	
57. CERTIFIER'S ADDRESS: 1824 S 8TH AVE YUMA, AZ 85364				58. NAME OF REGISTRAR: ANA P TRIGUEROS		59. DATE REGISTERED 11/08/2016	

DATE ISSUED: 11/15/2016



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE