

2019-006367

Klamath County, Oregon

06/06/2019 04:01:01 PM

Fee: \$92.00

**Recording requested by:
PIXTON LAW GROUP**

**After recording return to:
PIXTON LAW GROUP
5285 Meadows Rd., Ste. 377
Lake Oswego, OR 97035**

**Until a change is requested,
send tax statements to:
MARTIN R. R. CHAVEZ, TTEE
P.O. Box 278
San Martin, CA 95048**

BARGAIN AND SALE DEED

MARTIN R. R. CHAVEZ, Grantor, does hereby grant, bargain, sell and convey unto MARTIN R. R. CHAVEZ, Trustee or his successor in trust under THE MARTIN R. R. CHAVEZ LIVING TRUST dated May 31, 2019, and any amendments thereto, Grantee, all of Grantor's interest in the following real property situated in Klamath County, Oregon, to-wit:

Lot 11, Block 2 of SUN FOREST ESTATES, Tract 1060, as shown by
Map on file in the office of the County Recorder.

Free and clear of all liens and encumbrances except restrictions and
easements of record and except any lien or encumbrance caused or
created by the Lot Vendee.

Parcel # R139530

Subject to covenants, conditions, easements, encumbrances and rights-of-way of record,
as well as encroachments of any obvious nature.

The purpose of this transfer is to convey the Grantor's interest in this real property to the
Grantor's revocable living trust following the death of his spouse, SANDRA CHAVEZ. A copy of the
death certificate is attached. The true consideration for this conveyance is NONE.

**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 May 31, 2019.

Martin R. R. Chavez
MARTIN R. R. CHAVEZ

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 Santa Clara

On May 31, 2019 before me, Cheryl Diaz, a Notary Public, personally appeared **Martin R. R. Chavez**, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is/are~~ 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.

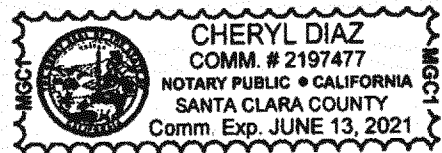
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Name

Cheryl Diaz



COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201243003590

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
SANDRA		KAY		CHAVEZ	
4. DATE OF BIRTH mm/dd/yyyy					
05/05/1942					
5. AGE Yrs.					
89					
6. SEX					
F					
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IA		433-86-4422		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree		14. WAS DECEDENT HISPANIC/LATINO/SPANISH?		15. MARITAL STATUS/PROF. (at Time of Death)	
10		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		42	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
13370 DEPOT ST.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SAN MARTIN		SANTA CLARA		95046	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
42		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
MARTIN CHAVEZ, HUSBAND					
27. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip)					
13370 DEPOT ST., SAN MARTIN, CA 95046					
29. NAME OF SURVIVING SPOUSE/PROF. - FIRST		30. MIDDLE		31. LAST (BIRTH NAME)	
MARTIN		R. R.		CHAVEZ	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE		34. LAST	
PAUL				NIEMAN	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
FLORENCE				BUSS	
38. DISPOSITION DATE mm/dd/yyyy		39. PLACE OF FINAL DISPOSITION			
05/04/2012		ST. MARY CEMETERY 900 FIRST ST., GILROY, CA 95020			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
HABING FAMILY FUNERAL HOME		FD791		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		05/03/2012			
101. PLACE OF DEATH					
OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> P <input type="checkbox"/> ERCP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS (OR LOCATION WHERE FOUND) (Street and number, or location)		106. CITY	
SANTA CLARA		13370 DEPOT STREET		SAN MARTIN	
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 venous thrombosis without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a) CONGESTIVE HEART FAILURE					
b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
c) CORONARY ARTERY DISEASE					
d) DIABETES MELLITUS					
108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
110. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Ricardo Jay Perez M.D.		G38927	
Decedent Last Seen Alive		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE	
07/03/1997		17800 MONTEREY RD STE A, MORGAN HILL, CA 95037		05/02/2012	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
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		<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. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					
FAX AUTH.					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

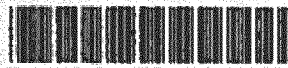
COUNTY OF SANTA CLARA

SS

DATE ISSUED

By

MAY 14 2012



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This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

PRNCO (Rev) 8/11/10

