

2019-006368

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 95046

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 12, 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 # R139549

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.

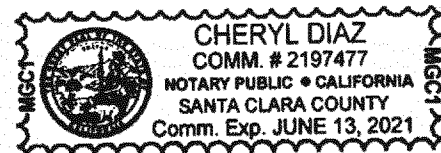
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Name

Cheryl Diaz
Cheryl Diaz



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201243003590

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
SANDRA		CHAVEZ	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
KAY		05/05/1942	
5. AGE Yrs.		6. SEX	
89		F	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
IA		433-88-4422	
9. BIRTH STATE/FOREIGN COUNTRY		10. MARITAL STATUS (Propose Time of Death)	
IA		MARRIED	
11. DATE OF DEATH mm/dd/yyyy		12. HOUR (24 Hours)	
05/01/2012		0156	
13. EDUCATION - Highest Level (Degree)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
10		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DECEDENT'S RACE	
WHITE		WHITE	
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.)	
HOMEMAKER		OWN HOME	
19. YEARS IN OCCUPATION		42	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
13370 DEPOT ST.			
21. CITY		22. COUNTY/PROVINCE	
SAN MARTIN		SANTA CLARA	
23. ZIP CODE		24. YEARS IN COUNTY	
95048		42	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
MARTIN CHAVEZ, HUSBAND		13370 DEPOT ST., SAN MARTIN, CA 95048	
28. NAME OF SURVIVING SPOUSE/PROX - FIRST		29. MIDDLE	
MARTIN		R. R.	
30. LAST (BIRTH NAME)		CHAVEZ	
31. NAME OF FATHER/MOTHER - FIRST		32. MIDDLE	
PAUL		-	
33. LAST (BIRTH NAME)		NIEMAN	
34. BIRTH STATE		IA	
35. NAME OF MOTHER/FATHER - FIRST		36. MIDDLE	
FLORENCE		-	
37. LAST (BIRTH NAME)		BUSS	
38. BIRTH STATE		IA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
05/04/2012		ST. MARY CEMETERY	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
BU		NOT EMBALMED	
43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR	
HABING FAMILY FUNERAL HOME		FD791	
45. LICENSE NUMBER		46. DATE mm/dd/yyyy	
50		05/03/2012	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> ERCP <input type="checkbox"/> DCA	
103. 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	
104. COUNTY		105. CITY	
SANTA CLARA		SAN MARTIN	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		107. CAUSE OF DEATH	
13370 DEPOT STREET		108. DEATH REPORTED TO CORONER?	
109. IMMEDIATE CAUSE OF DEATH		YRS. 12-01648	
CONGESTIVE HEART FAILURE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		YRS. 109. SPOUSE PERFORMED?	
CORONARY ARTERY DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DIABETES MELLITUS		YRS. 110. AUTOPSY PERFORMED?	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NONE		YRS. 111. USED IN DETERMINING CAUSE?	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
NO		113. IF FEMALE, PREGNANT IN LAST YEAR?	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
RICARDO JAY PEREZ M.D.		G38927	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy	
RICARDO JAY PEREZ M.D.		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?	
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	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Describe which resulted in injury)		123. HOUR (24 Hours)	
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	
128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE mm/dd/yyyy	
130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		131. DATE mm/dd/yyyy	
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452. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		453. DATE mm/dd/yyyy	
454. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		455. DATE mm/dd/yyyy	
456. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		457. DATE mm/dd/yyyy	
458. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		459. DATE mm/dd/yyyy	
460. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		461. DATE mm/dd/yyyy	
462. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		463. DATE mm/dd/yyyy	
464. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		465. DATE mm/dd/yyyy	
466. TYPE NAME, TITLE OF CORONER / DE			