2019-014586
Klamath County, Oregon
12/16/2019 03:23:00 PM
Fee: $97.00

THIS SPACE PROVIDED FOR RECORDER'S USE ONLY:

WHEN RECORDED RETURN TO:
Land for Life
1906 Haussler Dr
Davis, California 95616

MAIL TAX STATEMENTS TO:
Land for Life
1906 Haussler Dr
Davis, California 95616

BARGAIN AND SALE DEED WITHOUT COVENANTS

THE GRANTOR(S),

- Ronald William Harvey and Mary Ann Harvey Revocable Living Trust, Ronald William Harvey, Trustee,

for and in consideration of: $900.00 grants and releases without covenants to the GRANTEE(S):

- Land for Life, _____, _____, 1906 Haussler Dr, Davis, Yolo County, California, 95616,

the following described real estate, situated in Chiloquin, in the County of Klamath, State of Oregon:

(legal description): OREGON SHORES UNIT 2 TRACT 1113 BLK-23 LOT-7

Grantor grants without covenants to Grantee, all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall

have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax Parcel Number: 243409

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. 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 Signatures:

DATED: 12/5/2019

Ronald W. Harvey

Ronald William Harvey, Trustee on behalf of
Ronald William Harvey and Mary Ann Harvey Revocable Living Trust
306 Dolores Cir
Placentia, California, 92870

STATE OF California, COUNTY OF Orange, ss:

HEIDI GRAY
Notary Public - California
Orange County
Commission # 2258888
My Comm. Expires Oct 7, 2022

Notary Public
Signature of person taking acknowledgment

Notary Public
Title (and Rank)

My commission expires 10/7/22

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052019089219 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 2/2003)

3201930007203 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
MARY	ANNE	HARVEY

AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
08/12/1935	83			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/REGISTERED PARTNERSHIP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
TN	425-66-9866	☐ YES ☒ NO ☐ UNK	MARRIED	04/27/2019	1027

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	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.)	19. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	60

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
306 DOLORES CIRCLE				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
PLACENTIA	ORANGE	92870	50	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, City or town, state and zip)
RONALD HARVEY, HUSBAND	306 DOLORES CIRCLE, PLACENTIA, CA 92870

SPOUSE/DOP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/DOP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
RONALD	WILLIAM	HARVEY	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
JULIUS	BENJAMIN	SUMMERS	TN
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
ELIZABETH	WEAVER	RHEA	TN

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
05/02/2019	PATRICIA HARVEY RESIDENCE	306 DOLORES CIRCLE, PLACENTIA, CA 92870

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
FUNERAL & CREMATION SERVICE OF ORANGE COUNTY	FD 1567	NICHOLE QUICK, MD	05/01/2019

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE/HOSPICE	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/SNF ☒ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
ORANGE	306 DOLORES CIRCLE	PLACENTIA

CAUSE OF DEATH

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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) ACUTE RESPIRATORY FAILURE	(a) MIN	☐ YES ☒ NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) ALZHEIMER'S DISEASE	(b) MONS	109. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(c)	(c)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(d)	(d)	111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

114. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since / Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(A) 04/10/2019 (B) 04/27/2019	JAE HOON LEE M.D.	A109172	04/30/2019

118. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JAE HOON LEE M.D. 2677 N MAIN ST STE 110, SANTA ANA, CA 92705

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined

120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK | 121. INJURY DATE mm/dd/ccyy | 122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT

01060010041930 15

004320986

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED May 6, 2019

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.

Nicholle Quick, MD
Eric S Handler M.D.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE