

2020-008289

Klamath County, Oregon

07/08/2020 09:34:05 AM

Fee: \$97.00

COVER PAGE FOR OREGON DOCUMENTS

Grantor: Adelaide S. Packwood, a widow not since remarried

Grantor's Mailing Address: 5321 East 28th Street, Long Beach, California 90815

Grantee: Leslie P. Gillbreath, a married woman as her sole and separate property

Grantees Mailing Address: 5321 East 28th Street, Long Beach, California 90815

Type of Document to be Recorded: **WARRANTY DEED**

Consideration: The true consideration for this conveyance is: OTHER VALUE WAS THE WHOLE CONSIDERATION

Prior Recorded Document Reference: Deed: Recorded September 27, 1972; Book M 72, Page 10938.

Tax Account Number: R-3511-014A0-06600-000

Until a change is requested, all Tax Statements shall be sent to the following address:

Leslie P. Gillbreath
5321 East 28th Street
Long Beach, CA 90815

After Recording Return To:

uDeed, LLC – 85458B
9041 S. Pecos Road, Suite 3900
Henderson, NV 89074

Prepared By:

Adelaide S. Packwood
5321 East 28th Street
Long Beach, CA 90815

WARRANTY DEED

TITLE OF DOCUMENT

Adelaide S. Packwood, a widow not since remarried, Grantor, conveys and warrants to **Leslie P. Gillbreath, a married woman as her sole and separate property**, Grantee, the following described real property free of encumbrances except as specifically set forth herein, situated in the County of **Klamath**, State of **Oregon**:

LOT 3, BLOCK 39 OF OREGON PINES, AS SAME IS SHOWN ON PLAT FILED JUNE 30, 1969 DULY RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY, STATE OF OREGON.

Tax Account No.: **R-3511-014A0-06600-000**

Prior Recorded Document Reference: **Deed: Recorded September 27, 1972; Book M 72, Page 10938.**

Death Recital: David E. Packwood, Sr., a/k/a David Evan Packwood, became deceased on March 31, 1975 pursuant to Certificate of Death recorded concurrently herewith, leaving **Adelaide S. Packwood** as surviving spouse and tenant by the entirety.

Subject To: 1. Taxes for the Current fiscal year, paid current
 2. Restrictions, Conditions, Covenants, Rights, Rights of Way and Easements
 now of Record, if any

Encumbrances (If none, so state): All those items of record, if any, as of the date of this deed, and _____.

The true consideration for this conveyance is: OTHER VALUE WAS THE WHOLE CONSIDERATION.

Dated this 8th day of February, 2018. If a corporate grantor, it has caused its name to be signed by order of its Board of Directors.

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, OF 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, OF CHAPTER 424, OREGON LAWS 2007.

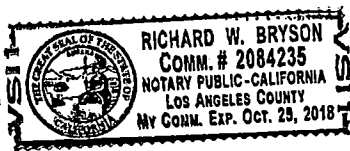
Adelaide S. Packwood by Leslie P. Gilbreath
Adelaide S. Packwood by LESLIE P. GILBREATH

STATE OF California }
COUNTY OF Los Angeles } SS

This instrument was acknowledged before me this 8th day of FEBRUARY, 2018, by ~~Adelaide S. Packwood~~. LESLIE P. GILBREATH

NOTARY STAMP/SEAL

Before Me: Richard W. Bryson
NOTARY PUBLIC- STATE OF California
My Commission Expires: OCT. 29, 2018



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER

STATE FILE NUMBER										STATE OF CALIFORNIA—DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER																																																											
1A. NAME OF DECEASED—FIRST NAME David										1B. MIDDLE NAME Evan										1C. LAST NAME Packwood										2A. DATE OF DEATH—MONTH, DAY, YEAR March 31 1975										2B. HOUR 12:40 A																																							
3. SEX Male										4. COLOR OR RACE Cauc.										5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Louisiana										6. DATE OF BIRTH Sept. 27, 1902										7. AGE (LAST BIRTHDAY) 72										IF UNDER 1 YEAR ENTER DATE OF BIRTH										IF UNDER 24 HOURS ENTER DATE OF BIRTH																			
8. NAME AND BIRTHPLACE OF FATHER Samuel Packwood (Louisiana)										9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Amanda Pierce (Louisiana)										13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Adelaide Santistevan										17. KIND OF INDUSTRY OR BUSINESS Auto Services																																																	
10. CITIZEN OF WHAT COUNTRY U.S.A.										11. SOCIAL SECURITY NUMBER 557-20-2046										12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married										14. LAST OCCUPATION Photographer										15. NUMBER OF YEARS IN THIS OCCUPATION 27										16. NAME OF LAST EMPLOYING COMPANY OR FIRM Auto Club of So. Calif.																													
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Little Company of Mary Hospital										18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 4101 Torrance Blvd.										18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes										18D. LENGTH OF STAY IN CALIFORNIA 43										18E. LENGTH OF STAY IN COUNTY OF DEATH 43																																							
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6 Ranch View Road										19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes										19C. CITY OR TOWN Rolling Hills										19D. COUNTY Los Angeles										19E. STATE California										20. NAME AND MAILING ADDRESS OF INFORMANT Adelaide S. Packwood																													
21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW 11, 2075 3/30/75										21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED 3/30/75										21C. PHYSICIAN OR CORONER—SIGNATURE AND TITLE OR TITLE Dr. R. L. Hart No										21D. DATE SIGNED 3/31/75										21E. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A22472																																							
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation										22B. DATE 4-1-75										23. NAME OF CEMETERY OR CREMATORY Angeles Abbey Crematory										24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Not Embalmed										25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McNerney's Palos Verdes										26. THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO) No										27. LOCAL REGISTRAR—SIGNATURE John D. Williams										28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR APR 1 1975									
29. PART I: DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF (C) DUE TO, OR AS A CONSEQUENCE OF Coronary and Respiratory failure Pneumonia										30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. No										31. WAS OPERATION OR TREATMENT PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30 (SPECIFY OPERATION AND/OR TREATMENT) No										32A. AUTOPSY No										32B. IF YES, WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO) No																																							
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE 2										34. PLACE OF INJURY (SPECIFY HOME, FACTORY, FREIGHT, HIGHWAY, STREET, ETC.) 2										35. INJURY AT WORK (SPECIFY YES OR NO) No										36A. DATE OF INJURY—MONTH, DAY, YEAR 3/30/75										36B. HOUR 12:40																																							
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 2										37B. INSTANCES FROM PLACE OF INJURY TO NEAREST MEDICAL FACILITY (SPECIFY YES OR NO) 2										38. WERE LABORATORY TESTS DONE FOR TOXIC OR DRUG CHEMICALS (SPECIFY YES OR NO) No										39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO) No																																																	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)										41. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)										42. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)										43. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)																																																	
STATE REGISTRAR										A.										B.										C.										D.										E.										F.										G.									

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder.

SEP 2 1 1990

Charles Weissburd

CHARLES WEISSBURD
Registrar-Recorder

19-597204

This copy not valid unless prepared on engraved border displaying the County of Los Angeles Seal and Signature of Registrar-Recorder.