

**2020-008521**

**Klamath County, Oregon**

07/13/2020 02:34:46 PM

Fee: \$102.00

WHEN RECORDED RETURN TO:

MAIL TAX STATEMENT TO:

Daniel DiVencenzo

1491 Polaris Pkwy #21224

Columbus, OH 43240

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**WARRANTY DEED**

THE GRANTOR(S),

- Louis c. Desena and Rosalie M. Desena, trustees of The Desena Family Trust,  
dated the 12th day of August 1988, as amended, or restated, or their successors

for and in consideration of: \$2,567 and other good and valuable consideration grants,  
bargains, sells, conveys and warranties to the GRANTEE(S):

- Daniel DiVencenzo, a single man, with a mailing address of 1491 Polaris Pkwy  
#21224, Columbus, OH 43240,  
the following described real estate, situated in the County of Klamath, State of Oregon:

Lot 64, Block 8, SPRAGUE RIVER VALLEY ACRES, as per plat recorded in records of said  
county.

R- 3612-002A0-02400

Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions,  
restrictions, rights of way and easements of record the grantor hereby covenants with the  
Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and  
has good right to sell and convey the same; and that Grantor, his heirs, executors and  
administrators shall warrant and defend the title unto the Grantee, his heirs and assigns  
against all lawful claims whatsoever.

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.

Grantor Signatures:

DATED: 7/10/2020

Grantor Signatures:

DATED: \_\_\_\_\_

DeSena Family Trust

Stephen R De Sena Successor Trustee  
Stephen R. DeSena, Successor Trustee  
PO Box 1068, Nevada City, CA 95959

STATE OF CA  
COUNTY OF Nevada, ss:

This instrument was acknowledged before me on this 10 day of July, 2020,  
by Stephen R. DeSena.



Demarco

Notary Public

Signature of person taking  
acknowledgment

Notary Public

Title (and Rank)

My commission expires 12/15/2022

CA Ack attached

## ACKNOWLEDGMENT

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 Nevada )

On July 10, 2020 before me, D.DeMarco, notary public  
(insert name and title of the officer)

personally appeared Stephen R. DeSena  
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.

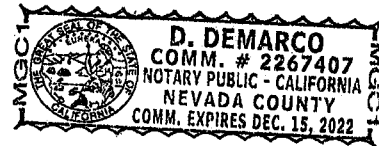
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

D. DeMarco

(Seal)



Re: Warranty Deed

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF NEVADA**  
**Nevada City, California 95959**

**CERTIFICATE OF DEATH**

**3200529 000407**

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ROSALIE		MARIE		DE SENA	
AKA, ALSO KNOWN AS - (Include the AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
05/02/1913		92		F	
7. BIRTH STATE (Foreign Country)	8. SOCIAL SECURITY NUMBER	9. EVER IN U.S. ARMED FORCES?	10. MARITAL STATUS (at Time of Death)	11. DATE OF DEATH mm/dd/yyyy	12. HOUR (24 Hours)
New York	054-03-0813	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	Widowed	07/18/2005	1205
13. EDUCATION (Level and years)	14. WAS DECEASED HISPANIC/LATINO(S/PANISH)? (If yes, see worksheet on back)	15. DECEASED'S RACE - Up to 3 races may be listed (omit white/Hispanic or Latino)	16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		
High School	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	White	Housewife		
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			18. YEARS IN OCCUPATION		
Own Home			20		
19. DECEASED'S RESIDENCE (Street and number or location)					
594 Railroad Ave.					
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE (Foreign Country)	
Nevada City	Nevada	95959	14	California	
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or first and last name and city, state, ZIP)		
Stephen De Sena - Son			101 Woods Ct., Nevada City, CA 95959		
28. NAME OF FATHER - FIRST		29. MIDDLE	30. LAST (Maiden Name)		31. BIRTH STATE
Francesco		Unk.	Restivo		Italy
32. NAME OF MOTHER - FIRST		33. MIDDLE	34. LAST (Maiden)		35. BIRTH STATE
Marina		Unk.	Libritzza		Italy
36. DATE OF DEATH mm/dd/yyyy		37. PLACE OF FINAL DISPOSITION			
07/22/2005		San Fernando Mission Cemetery, Mission Hills, CA 91345			
38. TYPE OF DISPOSITION		39. NAME OF FUNERAL ESTABLISHMENT		40. LICENSE NUMBER	
Burial		Hooper & Weaver Mortuary Inc.		8046	
41. NAME OF LOCAL REGISTRAR		42. SIGNATURE OF LOCAL REGISTRAR		43. DATE	
Blair C. Pacheco		Blair C. Pacheco		07/19/2005	
44. PLACE OF DEATH		45. IF OTHER THAN HOSPITAL, SPECIFY ONE		46. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Residence		<input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
47. COUNTY		48. FACILITY ADDRESS OR LOCATION WHERE BOUND (Street and number or location)		49. CITY	
Nevada		594 Railroad Ave.		Nevada City	
50. CAUSE OF DEATH					
Enter the date of events - diseases, injuries, or complications - that directly caused death. DO NOT enter external events such as natural event, respiratory arrest, or ventricular fibrillation without showing the starting. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (First disease or condition leading to death)					
Cardio-Respiratory Failure					
Underlying Cause (Second disease or condition leading to death)					
Metastatic Adenocarcinoma - Unknown Primary					
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
Adult Onset Diabetes Mellitus, Hypertension, Coronary Artery Disease					
111. WAS OPERATION PERFORMED FOR ANY CONDITION INTERIM 107 OR 110? (If yes, list type of operation and date)					
No					
112. SIGNATURE AND TITLE OF CERTIFIER		113. LICENSE NUMBER		114. DATE	
Glaister A. Dawkins M.D.		6023250		07/19/2005	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. INJURED AT WORK?			
700 Zion St. Nevada City, CA 95959		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. INJURED AT WORK?		119. INJURY DATE mm/dd/yyyy	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
122. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
123. SIGNATURE OF CORONER / DEPUTY CORONER		124. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRY					
A B C D E					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF NEVADA

DATE ISSUED **JUL 20 2005**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Nevada County Health Department.

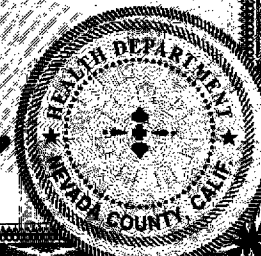
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



\*000078682\*

*Blair C. Pacheco*  
NEVADA COUNTY, CALIFORNIA



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1. <b>Louis Charles DE SENA</b>		2. <b>June 13, 1991</b>	
	CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
	3. <b>Las Vegas</b>		3a. <b>Clark</b>	
# DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	3b. <b>Silvercrest</b>		3c. <b>Inpatient</b>	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	SEX
	5. <b>White</b>	6.	7a. <b>75</b>	4. <b>Male</b>
	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	DATE OF BIRTH (Mo., Day, Yr.)
	9a. <b>New York</b>	9b. <b>U.S.A.</b>	10. <b>13</b>	8. <b>July 4, 1915</b>
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
	13. <b>086-01-5349</b>	14a. <b>Realtor/Retired</b>	11. <b>Married</b>	12. <b>Rosalie Restive</b>
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	KIND OF BUSINESS OR INDUSTRY
	15a. <b>Nevada</b>	15b. <b>Clark</b>	15c. <b>Las Vegas</b>	14b. <b>Own Account</b>
	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
PARENTS	16. <b>Stephen De Sena</b>		17. <b>Romilda Graziano</b>	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18a. <b>Rosalie De Sena -Wife</b>		18b. <b>1891 Hallwood Drive, Las Vegas, Nevada 89119</b>	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	19a. <b>Removal</b>		19b. <b>San Fernando Mission Cemetery</b>	
	FURNAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
	20a. <i>[Signature]</i>		19c. <b>Mission Hills California</b>	
CERTIFIER	FURNAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20b. <b>27</b>		20c. <b>Palm Valley View Mort. 7600 So. Eastern Ave. Las Vegas NV</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. 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.	
	(Signature and Title) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	21b. <b>6-14-91</b>	21c. <b>12:00 P.M.</b>	22b.	22c.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d.		22d. ON	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22e. AT	
	23a. <b>Alvin Blumberg M.D. 2020 Goldring Ave. Las Vegas Nevada 89106</b>		LICENSE NUMBER	
	23b. <b>2776</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24a. (Signature) <i>[Signature]</i>		24b. <b>JUN 17 1991</b>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
	PART I (a) <b>Acute Chronic Respiratory Disease</b>		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(b) <b>Acute Chronic ARRY Thia</b>		Interval between onset and death	
	(c) <b>Acute Congestive Myocardopathy</b>		Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
	<b>Pneumonia Chronic Bronchitis Syndrome</b>		26. <b>No</b>	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	28a.	28b.	28c. <b>M</b>	27. <b>No</b>
	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED	
	28e.	28f.	28d.	
		LOCATION, STREET OR R.F.D. No. CITY OR TOWN STATE		
		28g.		

STATE REGISTRAR

No. 027567

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE  
RAISED SEAL OF THE CLARK  
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By: *[Signature]*