



00267399202000132830040048

10/15/2020 02:15:13 PM

Fee: \$97.00

RECORDING REQUESTED BY:

ANNA DERUGIN

**AFTER RECORDING RETURN AND
SEND TAX STATEMENTS TO:**ANNA DERUGIN
1531 LOS ALTOS DR
BURLINGAME CA 94010**Assessor's Account #:** 381447**Assessor's Map #:** 37100050001000**Assessor's Code - Tax #:** 072-381447**WARRANTY DEED**

ANNA DERUGIN, as Successor Trustee of the Pavel Kavetsky and Nata Kavetsky Revocable Living Trust dated December 21, 1997, as amended, with an address of 1531 Los Altos Dr, Burlingame, CA 94010 ("Grantor"), conveys and warrants to ANNA DERUGIN, a widow, whose address is 1531 Los Altos Dr, Burlingame, CA 94010 ("Grantee"), the following described real property (the "Property"), free of encumbrances, except as specifically set forth herein:

Land in KLAMATH COUNTY, OREGON, described more particularly as the following:

TOWNSHIP 37 SOUTH, RANGE 10 EAST, W. M.

SECTION 5: EAST 1/2 OF NORTH 1/2 OF NORTH 1/2 OF GOVERNMENT LOT #7.

SUBJECT TO: Grant for right of way for Pacific Power and Light Co. as needed in exchange for subscription rights, and subject to reservations and restrictions of record, easements and rights of way of record, and those apparent on the land.

GRANTOR hereby covenants to and with Grantee that (i) Anna Derugin presently serves as Successor Trustee to Pavel Kavetsky (also known as Paul Kavetsky) and Nata Kavetsky as Trustees of the Pavel Kavetsky and Nata Kavetsky Revocable Living Trust dated December 21, 1997 (the "Trust"), as amended, which took title to the Property as "PAUL KAVETSKY AND NATA KAVETSKY Trustee(s) of PAUL AND NATA KAVETSKY LIVING TRUST DATED 12/21/97" by means of that certain Quitclaim Deed dated December 21, 1997 and recorded February 17, 1998 as Instrument No. 53221 in Vol. M98 of Deeds Page 4987 in the office of the County Clerk of Klamath County, Oregon; (ii) Pavel Kavetsky died on December 15, 2011, as evidenced by a certified copy of Certificate of Death, attached hereto; (iii) Nata Kavetsky died February 18, 2019, as evidenced by a certified copy of Certificate of Death, attached hereto; (iv) the Trust is in full force and effect; (v) Anna Derugin as Successor Trustee is empowered by the Trust to enter into this deed.

The true consideration for this conveyance is \$0.00.

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, and Sections 2 to 9 and 17, Chapter 855, Oregon Laws 2009, and Sections 2 to 7, Chapter 8, Oregon Laws 2010.

Dated this 7th day of October, 2020

Anna Derugin
Grantor: ANNA DERUGIN, Successor Trustee of
the Pavel Kavetsky and Nata Kavetsky Revocable
Living Trust dated December 21, 1997, as amended

ACKNOWLEDGMENT

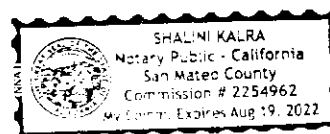
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CALIFORNIA)
) SS.
County of SAN MATEO)

On October 7, 2020, before me, SHALINI KALRA, a Notary Public, personally appeared ANNA DERUGIN, 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: Shalini Kalra (Seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201119051257

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
PAVEL		-	
3. LAST (Family)		KAVETSKY	
4. ALSO KNOWN AS - (Include all AKA (FIRST, MIDDLE, LAST))		5. DATE OF BIRTH mm/dd/yyyy	
PAUL - KAVETSKY		05/18/1926	
6. AGE Yrs.		7. SEX	
85		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
POLAND		551-42-4000	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP* (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see instruction on back)		14. DATE OF DEATH mm/dd/yyyy	
DOCTORATE		12/15/2011	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		16. DECEASED'S RACE - Up to 3 races may be listed (see instruction on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.)	
PHARMACIST		PHARMACY	
19. YEARS IN OCCUPATION		35	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
10835 FAIRBANKS WAY			
21. CITY		22. COUNTY/STATE	
CULVER CITY		LOS ANGELES	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
61		CA	
25. INFORMANT'S NAME, RELATIONSHIP			
NADIA KAVETSKY, WIFE			
26. INFORMANT'S MAILING ADDRESS (Street, city or town, state and zip)			
10835 FAIRBANKS WAY, CULVER CITY, CA 90230			
27. NAME OF SURVIVING SPOUSE/SDP - FIRST		28. MIDDLE	
NADIA		-	
29. LAST (BIRTH NAME)		JAZGUNOVICH	
30. NAME OF FATHER/PARENT - FIRST		31. MIDDLE	
SERGE		-	
32. LAST (BIRTH NAME)		KAVETSKY	
33. NAME OF MOTHER/PARENT - FIRST		34. MIDDLE	
MARIA		-	
35. LAST (BIRTH NAME)		CLEMENS	
36. BIRTH STATE		UKRAINE	
37. BIRTH STATE		UKRAINE	
38. DEPOSITION DATE mm/dd/yyyy			
12/20/2011			
39. PLACE OF FINAL DEPOSITION			
ST. VLADIMIR'S CEMETERY			
316 CASSVILLE RD, JACKSON, NJ 08527			
40. TYPE OF DEPOSITION		41. SIGNATURE OF REGISTRAR	
TR/BU		STACI COLLIER	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER	
FAIRHAVEN MORTUARY		EMB9097	
44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
FD1318		JONATHAN FIELDING, MD	
46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy	
12/19/2011		12/19/2011	
101. PLACE OF DEATH			
BROTHMAN MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. COUNTY		104. CITY	
LOS ANGELES		CULVER CITY	
105. FACILITY ADDRESS OR LOCATION (Street and number, or location)			
3828 DELMAS TER			
106. CAUSE OF DEATH			
Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism resulting in death. DO NOT abbreviate.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
CARDIAC ARREST			
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			
CARDIAC ARRHYTHMIA			
CORONARY ARTERY DISEASE			
107. TIME INTERVAL Between Onset and Death			
(A) MINS			
(B) MINS			
(C) YRS			
(D) YRS			
108. DEATH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
109. BIRTH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. AUTOPSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date)			
NO			
114. 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			
MIKE KHOSROW MIRAHMADI M.D.			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
MIKE KHOSROW MIRAHMADI M.D.			
435 N BEDFORD DR # 312, BEVERLY HILLS, CA 90210			
117. LICENSE NUMBER			
A25041			
118. DATE mm/dd/yyyy			
12/19/2011			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
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			
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
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/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
JONATHAN FIELDING, MD			
129. STATE REGISTRAR			
A B C D E			
010001001942151			
FAX AUTH.			
CENSUS TRACT			

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD DATE ISSUED
Director of Public Health and Registrar

DEC 28 2011

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



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052019038564

CERTIFICATE OF DEATH

3201919008607

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS 10-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
NADIA				KAVETSKY	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	6. SEX
NATA - KAVETSKY		10/15/1933		85	F
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (PROP* at Time of Death)	7. DATE OF DEATH mm/dd/yyyy
RUSSIA		150-26-8198	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	WIDOWED	02/18/2019
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
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	
NURSING AIDE		HEALTHCARE		40	
20. DECEDENT'S RESIDENCE (Street and number or location)					
10835 FAIRBANKS WAY					
21. CITY		22. COUNTY/PREFecture	23. ZIP CODE	24. YEARS IN COUNTRY	25. STATE/FOREIGN COUNTRY
CULVER CITY		LOS ANGELES	90230	60	CA
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or post route number, city or town, state and zip)		
ANNA DERUGIN, DAUGHTER			1531 LOS ALTOS DR., BURLINGAME, CA 94010		
28. NAME OF SURVIVING SPOUSE (RDP) - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
KONSTANTIN				JAZGUNOWICH	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
RUSSIA		ANNA			
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. BIRTH DATE	
GROHOVSKA		RUSSIA			
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION			
02/26/2019		ST. VLADIMIR'S CEMETERY 316 CASSVILLE ROAD, JACKSON, NJ 08527			
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
TR/BU		MICHAEL PHELAN		EMB9273	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. DATE mm/dd/yyyy	
GUERRA & GUTIERREZ MORTUARIES		FD1442		02/26/2019	
48. SIGNATURE OF LOCAL REGISTRAR		49. LICENSE NUMBER		50. DATE mm/dd/yyyy	
MUNTU DAVIS, M.D.					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RONALD REAGAN UCLA MEDICAL CENTER		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> SOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input 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	
LOS ANGELES		757 WESTWOOD PLAZA		LOS ANGELES	
107. CAUSE OF DEATH		108. DEATH-REFERRED TO CORONER?		109. DEATH-REFERRED TO CORONER?	
IMMEDIATE CAUSE (First disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NON TRAUMATIC SPONTANEOUS INTRACEREBRAL HEMORRHAGE		110. DEATH-REFERRED TO CORONER?		111. USED IN DETERMINING CAUSE?	
HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF PEOPLE PRESENT IN LAST YEAR?	
ATRIAL FIBRILLATION, DIABETES MELLITUS		NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
DYLAN A HUF ALEGRIA M.D.		A143252		02/19/2019	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?	
DYLAN A HUF ALEGRIA M.D.		757 WESTWOOD PLAZA, LOS ANGELES, CA 90095		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
02/16/2019		02/18/2019			
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. STATE REGISTRAR	
				A B C D E	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar *[Signature]* DATE ISSUED **MAR - 1 2019**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

