

**2020-015397**

**Klamath County, Oregon**

11/24/2020 03:19:01 PM

Fee: \$97.00

**WHEN RECORDED MAIL TO:**

Send all future Tax Statements To:  
Creekside Land Trust, Scott Todd  
1936 Bruce B. Downs #551  
Wesley chapel, FL 33544

**WARRANTY DEED**

THE GRANTOR(S): SUSAN M. WINTZINGER and ROBERT WINTZINGER, husband and wife, with a mailing address of 25695 Whispering Trees Way, Valencia, CA 91355 for and in consideration of: TEN Dollars and other valuable consideration; grants, bargains, sells, conveys and warranties to

the GRANTEE(S): Creekside Land Trust, Scott Todd, with a mailing address of 1936 Bruce B. Downs #551, Wesley chapel, Florida 33544 the following described real estate situated in the County of KLAMATH, State of OREGON:

**Parcel ID:**

R257652 & R257643

**Recorder: Legal Description**

LOTS 3 & 4, BLOCK 24, KLAMATH FOREST ESTATES, KLAMATH COUNTY OREGON

SUBJECT TO: Current 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 the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

Page 2 - Pertaining to the sale of: R257652 & R257643

Dated: Nov. 10, 2020

Signature: Susan M. Wintzinger  
SUSAN M. WINTZINGER  
25695 Whispering Trees Way  
Valencia, CA 91355

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
ROBERT WINTZINGER  
25695 Whispering Trees Way  
Valencia, CA 91355

### Acknowledgment of Individual

STATE OF California

COUNTY OF Los Angeles

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date), by  
SUSAN M. WINTZINGER and ROBERT WINTZINGER, who is personally known to me or  
who has produced \_\_\_\_\_ (type of identification) as  
identification.

### Notary Public

See Notary Not Attached  
Notary Signature

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Commission # \_\_\_\_\_

Text

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT****CIVIL CODE § 1189**

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 Los Angeles )On Nov 10, 2020 before me, Marianne J. Simon - Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Susan M. Wintzinger

Name(s) of Signer(s)

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 Marianne J. Simon  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**Title or Type of Document: Warranty Deed Document Date: 11/10/2020

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052019062502

## CERTIFICATE OF DEATH

3201919014023

STATE FILE NUMBER 3052019062502		LOCAL REGISTRATION NUMBER 3201919014023	
1. NAME OF DECEDENT - FIRST (Given) ROBERT		3. LAST NAME WINTZINGER	
2. MIDDLE GENE		4. DATE OF BIRTH - mm/dd/yyyy 03/16/1942	
5. AGE - yrs. 76		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY OHIO		8. SOCIAL SECURITY NUMBER 314-40-1088	
9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNC		10. MARITAL STATUS (SPECIFY at Time of Death) MARRIED	
11. DATE OF DEATH - mm/dd/yyyy 03/17/2019		12. HOUR - 24 hours 2323	
13. EDUCATION - highest attained (do not list on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (Yes see attached on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see attached on back) WHITE		16. DECEDENT'S RACE - Up to 3 races may be listed (see attached on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED AGENT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CENTRAL INTELLIGENCE AGENCY	
19. YEARS IN OCCUPATION 10		20. DECEDENT'S RESIDENCE (Street and number, or local or) 25695 WHISPERING TREES WAY	
21. CITY VALENCIA		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91355		24. YEARS IN COUNTY 46	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SUSAN WINTZINGER, SPOUSE	
27. INFORMANT'S ADDRESS (Street and number, or apartment number, city or town, state and zip) 25695 WHISPERING TREES WAY, VALENCIA, CA 91355		28. NAME OF SURVIVING SPOUSE (First) SUSAN	
29. MIDDLE MARIE		30. LAST BIRTH NAME LAMBOURNE	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE WILLIAM	
33. NAME OF MOTHER/PARENT - FIRST AGNES		34. MIDDLE DORCHEFF	
35. DATE OF BIRTH 04/05/2019		36. PLACE OF BIRTH ETERNAL VALLEY MEMORIAL PARK	
37. TYPE OF DISPOSITION BU		38. SIGNATURE OF EMBALMER NOT EMBALMED	
39. NAME OF FUNERAL ESTABLISHMENT ETERNAL VALLEY MEMORIAL PARK		40. LICENSE NUMBER FD1163	
41. PLACE OF DEATH PROVIDENCE HOLY CROSS MEDICAL CENTER		42. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
43. COUNTY LOS ANGELES		44. CITY MISSION HILLS	
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or local or) 15031 RINALDI ST		46. CITY MISSION HILLS	
47. CAUSE OF DEATH ACUTE MYELOID LEUKEMIA		48. DATE OF DEATH 03/17/2019	
49. IMMEDIATE CAUSE (If final cause or condition resulting in death) ACUTE MYELOID LEUKEMIA		50. DATE OF DEATH 03/17/2019	
51. SEQUENTIAL CAUSE (If final cause or condition resulting in death) ACUTE MYELOID LEUKEMIA		52. DATE OF DEATH 03/17/2019	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		54. DATE OF DEATH 03/17/2019	
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 108? (If yes, list type of operation and date) NO		56. DATE OF DEATH 03/17/2019	
57. SIGNATURE AND TITLE OF CERTIFIER ALBERT DEKKER M.D.		58. DATE OF DEATH 03/17/2019	
59. TYPE A - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		60. DATE OF DEATH 03/17/2019	
61. TYPE B - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		62. DATE OF DEATH 03/17/2019	
63. TYPE C - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		64. DATE OF DEATH 03/17/2019	
65. TYPE D - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		66. DATE OF DEATH 03/17/2019	
67. TYPE E - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		68. DATE OF DEATH 03/17/2019	
69. TYPE F - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		70. DATE OF DEATH 03/17/2019	
71. TYPE G - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		72. DATE OF DEATH 03/17/2019	
73. TYPE H - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		74. DATE OF DEATH 03/17/2019	
75. TYPE I - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		76. DATE OF DEATH 03/17/2019	
77. TYPE J - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		78. DATE OF DEATH 03/17/2019	
79. TYPE K - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		80. DATE OF DEATH 03/17/2019	
81. TYPE L - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		82. DATE OF DEATH 03/17/2019	
83. TYPE M - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		84. DATE OF DEATH 03/17/2019	
85. TYPE N - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		86. DATE OF DEATH 03/17/2019	
87. TYPE O - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		88. DATE OF DEATH 03/17/2019	
89. TYPE P - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		90. DATE OF DEATH 03/17/2019	
91. TYPE Q - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		92. DATE OF DEATH 03/17/2019	
93. TYPE R - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		94. DATE OF DEATH 03/17/2019	
95. TYPE S - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		96. DATE OF DEATH 03/17/2019	
97. TYPE T - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		98. DATE OF DEATH 03/17/2019	
99. TYPE U - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		100. DATE OF DEATH 03/17/2019	
101. TYPE V - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		102. DATE OF DEATH 03/17/2019	
103. TYPE W - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		104. DATE OF DEATH 03/17/2019	
105. TYPE X - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		106. DATE OF DEATH 03/17/2019	
107. TYPE Y - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		108. DATE OF DEATH 03/17/2019	
109. TYPE Z - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		110. DATE OF DEATH 03/17/2019	
111. TYPE AA - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		112. DATE OF DEATH 03/17/2019	
113. TYPE AB - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		114. DATE OF DEATH 03/17/2019	
115. TYPE AC - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		116. DATE OF DEATH 03/17/2019	
117. TYPE AD - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		118. DATE OF DEATH 03/17/2019	
119. TYPE AE - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		120. DATE OF DEATH 03/17/2019	
121. TYPE AF - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		122. DATE OF DEATH 03/17/2019	
123. TYPE AG - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		124. DATE OF DEATH 03/17/2019	
125. TYPE AH - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		126. DATE OF DEATH 03/17/2019	
127. TYPE AI - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		128. DATE OF DEATH 03/17/2019	
129. TYPE AJ - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		130. DATE OF DEATH 03/17/2019	
131. TYPE AK - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		132. DATE OF DEATH 03/17/2019	
133. TYPE AL - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		134. DATE OF DEATH 03/17/2019	
135. TYPE AM - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		136. DATE OF DEATH 03/17/2019	
137. TYPE AN - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		138. DATE OF DEATH 03/17/2019	
139. TYPE AO - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		140. DATE OF DEATH 03/17/2019	
141. TYPE AP - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		142. DATE OF DEATH 03/17/2019	
143. TYPE AQ - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		144. DATE OF DEATH 03/17/2019	
145. TYPE AR - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		146. DATE OF DEATH 03/17/2019	
147. TYPE AS - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		148. DATE OF DEATH 03/17/2019	
149. TYPE AT - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		150. DATE OF DEATH 03/17/2019	
151. TYPE AU - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		152. DATE OF DEATH 03/17/2019	
153. TYPE AV - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		154. DATE OF DEATH 03/17/2019	
155. TYPE AW - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		156. DATE OF DEATH 03/17/2019	
157. TYPE AX - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		158. DATE OF DEATH 03/17/2019	
159. TYPE AY - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		160. DATE OF DEATH 03/17/2019	
161. TYPE AZ - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		162. DATE OF DEATH 03/17/2019	
163. TYPE BA - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		164. DATE OF DEATH 03/17/2019	
165. TYPE BB - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		166. DATE OF DEATH 03/17/2019	
167. TYPE BC - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		168. DATE OF DEATH 03/17/2019	
169. TYPE BD - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		170. DATE OF DEATH 03/17/2019	
171. TYPE BE - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		172. DATE OF DEATH 03/17/2019	
173. TYPE BF - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		174. DATE OF DEATH 03/17/2019	
175. TYPE BG - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		176. DATE OF DEATH 03/17/2019	
177. TYPE BH - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		178. DATE OF DEATH 03/17/2019	
179. TYPE BI - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		180. DATE OF DEATH 03/17/2019	
181. TYPE BJ - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		182. DATE OF DEATH 03/17/2019	
183. TYPE BK - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		184. DATE OF DEATH 03/17/2019	
185. TYPE BL - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		186. DATE OF DEATH 03/17/2019	
187. TYPE BM - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		188. DATE OF DEATH 03/17/2019	
189. TYPE BN - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		190. DATE OF DEATH 03/17/2019	
191. TYPE BO - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		192. DATE OF DEATH 03/17/2019	
193. TYPE BP - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		194. DATE OF DEATH 03/17/2019	
195. TYPE BQ - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		196. DATE OF DEATH 03/17/2019	
197. TYPE BR - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		198. DATE OF DEATH 03/17/2019	
199. TYPE BS - ENDORSE PHYSICIAN'S NAME, ADDRESS, ZIP CODE ALBERT DEKKER M.D.		199. DATE OF DEATH 03/17/2019	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis 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.

002003475

DATE ISSUED

Heard and Registrar  
 [Signature]  
 DO 25

MAR 28 2019

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

