

THIS SPACE PROVIDED FOR RECORDER'S USE ONLY:

2021-001511

Klamath County, Oregon

02/02/2021 12:14:01 PM

Fee: \$97.00

WHEN RECORDED RETURN TO:

MAIL TAX STATEMENT TO:

Ace Land Investments

PO Box 23740

Overland Park, KS 66283

WARRANTY DEED

THE GRANTOR(S),

- Jagoda Family Trust; Alberta M. Jagoda As Surviving Trustee with a mailing address of 673 Rossmore Rd., Goleta, CA 93117

for and in consideration of: \$10 grants, bargains, sells, conveys and warranties to the GRANTEE(S): Ace Land Investments LLC with a mailing address of PO Box 23740, Overland Park, KS 66283

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

(legal description):

BLOCK 18, LOT 4 OF THE 2ND ADDITION TO NIMROD RIVER PARK AS SHOWN ON MAP IN OFFICIAL RECORDS OF SAID COUNTY.

Tax Parcel Number: 339529

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, 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 ORS92.010 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: 1-26-2021

Alberta M. Jagoda
Alberta M. Jagoda As Surviving Trustee
of the Jagoda Family Trust
673 Rossmore Rd.
Goleta, CA 93117

STATE OF _____, COUNTY OF _____, ss

On this _____ day of _____, before me,
_____, personally appeared Alberta M. Jagoda, known to me
(or satisfactorily proven) to be the persons whose names are subscribed to the
within instrument and acknowledged that they executed the same as for the
purposes therein contained.

uq

In witness whereof I hereunto set my hand
and official seal.

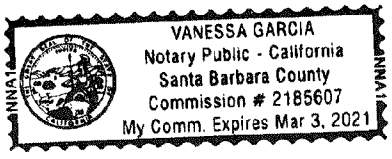

*See
attached
California
Notary page*

Notary Public
Signature of person taking
acknowledgement

My commission expires _____

CALIFORNIA ALL-PURPOSE 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 Santa Barbara		}	ss.
On <u>January 26, 2021</u> before me, Vanessa Garcia, Notary Public, personally appeared <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>Alberta M. Jagoda</u> </div> <div style="width: 55%;"> , who </div> </div>			
		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.	
(Seal)		 _____ Signature of Notary Public	
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.			
CAPACITY(IES) CLAIMED BY SIGNER(S)		DESCRIPTION OF ATTACHED DOCUMENT	
SIGNER'S NAME: <input type="checkbox"/> Individual <input type="checkbox"/> Corporate Officer		Title or Type of Document <u>Warranty Deed</u>	
Title <input type="checkbox"/> Partner(s) <input type="checkbox"/> Limited <input type="checkbox"/> General <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Trustee(s) <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Other:		Number of Pages <u>3, including Notary page</u> Date of Document <u>01/26/2021</u>	
Absent Signer (Principal) is Representing:		Signer(s) Other Than Named Above	

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDS

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

3052013067168

CERTIFICATE OF DEATH

3201342000846

STATE FILE NUMBER 3052013067168		LOCAL REGISTRATION NUMBER 3201342000846	
1. NAME OF DECEDENT - FIRST (Given) ANDREW		3. LAST (Surname) JAGODA	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 03/22/1930	
5. AGE Yrs. 83		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 163-24-6858	
11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level (Degree) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. DATE OF DEATH mm/dd/yyyy 04/02/2013	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONTRACTOR		18. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 673 ROSSMORE RD.			
21. CITY GOLETA		22. COUNTY/PROVINCE SANTA BARBARA	
23. ZIP CODE 93117		24. YEARS IN COUNTY 61	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ALBERTA JAGODA, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 673 ROSSMORE RD., SANTA BARBARA, CA 93117		28. NAME OF SURVIVING SPOUSE (First, Middle, Last) ALBERTA M. FANUCCHI	
29. NAME OF FATHER-IN-LAW (First, Middle, Last) ANDREW		30. LAST (Surname) JAGODA	
31. NAME OF MOTHER-IN-LAW (First, Middle, Last) ROSE		32. LAST (Surname) KORDESKA	
33. PLACE OF FINAL DISPOSITION GOLETA DISTRICT CEMETERY		34. LICENSE NUMBER 8579	
35. TYPE OF DISPOSITION BU		36. SIGNATURE OF EMBALMER SYLVEA B. VIOT	
37. NAME OF FUNERAL ESTABLISHMENT WELCH-RYCE-HAIDER FUNERAL CHPLS		38. LICENSE NUMBER FD303	
39. SIGNATURE OF LOCAL REGISTRAR TAKASHI M. WADA, MD		40. DATE mm/dd/yyyy 04/04/2013	
101. PLACE OF DEATH MISSION TERRACE CONVALESCENT HOSPITAL			
102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER			
104. COUNTY SANTA BARBARA			
105. FACILITY ADDRESS OR LOCATION (Include street and number, or location) 623 W JUNIPERO ST			
106. CITY SANTA BARBARA			
107. CAUSE OF DEATH SQUAMOUS CELL LUNG CANCER			
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) 17 MOS			
109. SEQUENTIAL CAUSE (List conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST) 17 MOS			
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
112. SIGNATURE AND TITLE OF CERTIFIER MICHAEL JON OMLID M.D.			
113. LICENSE NUMBER G72534			
114. DATE 04/04/2013			
115. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL JON OMLID M.D.			
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 12/08/2012 03/27/2013 51 HITCHCOCK WAY, SANTA BARBARA, CA 93105			
117. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
118. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
119. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
120. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
121. SIGNATURE OF CORONER / DEPUTY CORONER			
122. DATE mm/dd/yyyy			
123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			



000400734

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

DATE ISSUED
APR 10 2013

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

Takashi M. Wada
TAKASHI M. WADA, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

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

