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Fee: \$112.00

RECORDED AT THE REQUEST OF
AND WHEN RECORDED MAIL TO:

Jason W. Harrel
Calone & Harrel Law Group, LLP
A Limited Liability Partnership
1810 Grand Canal Blvd., #6
Stockton, CA 95207

RELEASE OF MEMORANDUM OF
REAL PROPERTY SALES PROCEEDS SHARING AGREEMENT

This Release of Memorandum of Real Property Sale Proceeds Sharing Agreement (this "Release") is executed as of January 26, 2021 by and among JOHN De LUCA, as Trustee of the THELMA M. STEWART SEPARATE PROPERTY TRUST DATED AUGUST 9, 1994 ("Stewart Trust"), on the one hand, and 5 STAR OR, LLC, a California limited liability company ("5 Star"), on the other hand, (Stewart Trust and 5 Star may be referred to herein collectively as the "Parties" or individually as a "Party"), with regards to the following facts:

A. The Stewart Trust and 5 Star together owned that certain real property in Klamath County, State of Oregon as more particularly described on Exhibit "A," attached hereto and incorporated herein by this reference (the "Property").

B. The Stewart Trust and 5 Star entered into that certain Real Property Sales Proceeds Sharing Agreement dated September 12, 2018 (the "Sharing Agreement"), whereby the Parties agreed that if 5 Star entered into contract within two years of the date of the Sharing Agreement then the Stewart Trust would share in the sale proceeds.

C. The Stewart Trust has been advised by Terry McDonald and 5 Star that the Property is not in contract to be sold and two years has expired since the date of the execution of the Sharing Agreement.

D. A Memorandum of Real Property Sales Proceeds Sharing Agreement was executed and recorded by the Parties in the official records of the

Klamath County Recorder on October 15, 2018 as Document Number 2018-012563 ("Memorandum").

E. The Trustee, Thelma M. Stewart aka Thelma May Stewart, who executed the Memorandum of on behalf of the Stewart Trust died on July 7, 2019 as evidenced by the Certified Certificate of Death attached hereto as Exhibit "B" and incorporated herein by this reference.

F. Pursuant to the terms of the Stewart Trust, John De Luca is the currently acting Successor Trustee of the Stewart Trust and has been acting in that capacity since July 7, 2019.

G. The Stewart Trust desires to release the Memorandum from the record title of the Property pursuant to the requirements of the Sharing Agreement.

The Parties hereto agree as follows:

1. The term of the Sharing Agreement has expired.
2. The Property is released from the Memorandum of Real Property Sales Proceeds Sharing Agreement previously recorded Parties in the official records of the Klamath County Recorder on October 15, 2018 as Document Number 2018-012563.
3. This Release shall only apply to the effect of the Real Property Sales Proceeds Sharing Agreement against the Property and shall not be applicable to any other real property that is not specifically released herein and shall not release any otherwise valid claims between the Parties for any other matters.

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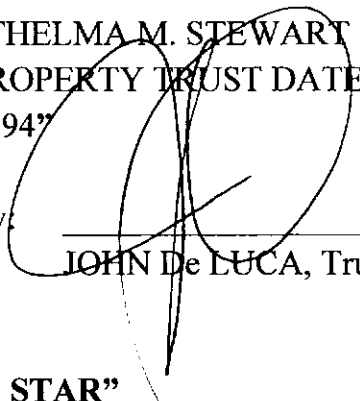
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IN WITNESS WHEREOF, the parties have executed this Release as of the date first written above.

"STEWART TRUST"

"THELMA M. STEWART SEPARATE
PROPERTY TRUST DATED AUGUST 9,
1994"

By: 
JOHN De LUCA, Trustee

"5 STAR"

5 STAR OR, LLC, a
California limited liability company

By: 
Terry McDonald, Manager

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 SAN JOAQUIN)

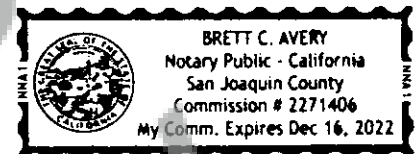
On January 26, 2021, before me, Brett C. Avery, Notary Public, personally appeared, JOHN DELUCA, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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.

Brett C. Avery
Signature of Notary

(Seal)



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 San Joaquin)

On February 3, 2021, before me, Carmi Gomez, Notary Public, personally appeared, TERRY MCDONALD, 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.

Carmi Gomez
Signature of Notary

(Seal)

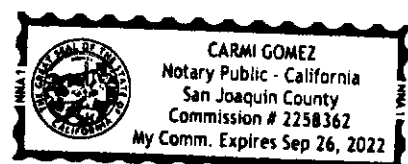


Exhibit "A"
LEGAL DESCRIPTION

PARCEL2:

A portion of land situated in the Southeast Quarter of Section 7, Township 39 South, Range 9 East, Willamette Meridian, in the City of Klamath Falls, Klamath County, Oregon, and being more particularly described as follows:

Parcel 2 as shown on Land Partition 35-17, "Land Partition 35-17 for 5 Star OR, LLC", filed on April 19, 2018, as Document No. 2018-004755, Official Records of Klamath County, Oregon.

APN: R-3909-000700-01800

PARCEL3:

A portion of land situated in the Northwest Quarter of the Southeast Quarter of Section 7, Township 39 South, Range 9 East, Willamette Meridian, in the City of Klamath Falls, Klamath County, Oregon, and being more particularly described as follows:

Parcel 3 as shown on Land Partition 35-17, "Land Partition 35-17 for 5 Star OR, LLC", filed on April 19, 2018, as Document No. 2018-004755, Official Records of Klamath County, Oregon

APN: R-3909-000700-01700

Exhibit "B"
CERTIFIED CERTIFICATE OF DEATH

Unofficial
Copy

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES

STOCKTON, CALIFORNIA

3052019138751

CERTIFICATE OF DEATH

3201939002730

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) THELMA		2. MIDDLE MAY	
3. LAST (Family) STEWART		4. DATE OF BIRTH mm/dd/yyyy 03/25/1926	
5. AGE Yrs. 93		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 07/07/2019		8. HOUR (24 Hour) 0950	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 552-54-7687	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS/GRDP (at Time of Death) WIDOWED	
13. EDUCATION—Highest Level/Degree HS GRADUATE		14. YES WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE		16. YEARS IN OCCUPATION 62	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
19. DECEDENT'S RESIDENCE (Street and number, or location) 1067 BRISTOL AVENUE		20. CITY STOCKTON	
21. COUNTY/PROVINCE SAN JOAQUIN		22. ZIP CODE 95204	
23. YEARS IN COUNTY 93		24. STATE/FOREIGN COUNTRY CA	
25. INFORMANT'S NAME, RELATIONSHIP GARY GUADAGNOLO, SON		26. INFORMANT'S ADDRESS (Street and number, or full title number, city or town, state and zip) 49 W. MONTEREY AVENUE, STOCKTON, CA 95204	
27. NAME OF SURVIVING SPOUSE/GRDP—FIRST -		28. MIDDLE -	
29. LAST (BIRTH NAME) -		30. BIRTH STATE ITALY	
31. NAME OF FATHER/PARENT—FIRST VITTORIO		32. MIDDLE -	
33. LAST SOLARI		34. BIRTH STATE ITALY	
35. NAME OF MOTHER/PARENT—FIRST MARY		36. MIDDLE -	
37. LAST (BIRTH NAME) POLETTI		38. BIRTH STATE ITALY	
39. DISPOSITION DATE mm/dd/yyyy 07/17/2019		40. PLACE OF FINAL DISPOSITION SAN JOAQUIN CATHOLIC MAUSOLEUM CEMETERY LANE & HARDING WAY, STOCKTON, CA 95204	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF BURIALER LUIS CLAUDIO	
43. NAME OF FUNERAL ESTABLISHMENT CASA BONITA FUNERAL HOME		44. LICENSE NUMBER FD2107	
45. SIGNATURE OF LOCAL REGISTRAR KISMET BALDWIN, MD		46. DATE mm/dd/yyyy 07/09/2019	
47. PLACE OF DEATH OWN RESIDENCE		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENCP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
49. COUNTY SAN JOAQUIN		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1067 BRISTOL AVENUE	
51. CITY STOCKTON		52. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. CAUSE OF DEATH (a) DEMENTIA ETIOLOGY UNKNOWN		54. YEARS YRS	
55. IMMEDIATE CAUSE (Final disease or condition resulting in death) (b) Sequentially list conditions, if any, leading to cause on LINK A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		56. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		58. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		60. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
61. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Last Seen Alive 06/04/2019 07/07/2019		62. SIGNATURE AND TITLE OF CERTIFIER JAMES KIMBERLY SAFFIER M.D. JAMES KIMBERLY SAFFIER M.D. 3888 PACIFIC AVENUE, STOCKTON, CA 95204	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 06/04/2019 07/07/2019		64. LICENSE NUMBER G53151	
65. DATE 07/09/2019		66. DATE 07/09/2019	
67. 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		68. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURY DATE mm/dd/yyyy	
71. HOUR (24 Hour)		72. HOUR (24 Hour)	
73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		74. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
75. SIGNATURE OF CORONER / DEPUTY CORONER		76. DATE mm/dd/yyyy	
77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
79. STATE REGISTRAR		80. FAX AUTH/LA	
81. CENSUS TRACT		82. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN } SS

DATE ISSUED: JUL 11 2019

000834096

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Kismet Baldwin, M.D.
LOCAL REGISTRAR

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

PHNCO (Rev) 6/7/16