

2021-003695**Klamath County, Oregon**

03/11/2021 02:13:01 PM

Fee: \$97.00

WHEN RECORDED RETURN TO:
MAIL TAX STATEMENT TO:
Henstridge Investment Properties, LLC
4230 SE King Rd, PMB 188
Milwaukie, OR 97222

WARRANTY DEED

THE GRANTOR(S),

- MELANIE AUSTIN SKIDMORE 2007 REVOCABLE T SKIDMORE
MICHAEL TRUSTEE, PO BOX 52 , IGO , CA 96047,

for and in consideration of: \$1,815 and other good and valuable consideration grants,
bargains, sells, conveys and warranties to the GRANTEE(S):

- Henstridge Investment Properties, LLC, an Oregon Limited Liability
Company with a mailing address of 4230 SE King Rd. PMB 188, Milwaukie
OR 97222,

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

Oregon Pines, Block 4, Lot 3

3511-022B0-00700

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: May 2, 2021

Melanie Austin Skidmore Trustee

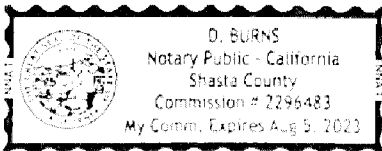
MELANIE AUSTIN SKIDMORE 2007 REVOCABLE T
SKIDMORE MICHAEL TRUSTEE
PO BOX 52, IGO, CA 96047

Grantor Signatures:

DATED: _____

STATE OF CALIFORNIA
COUNTY OF SHASTA, ss:

This instrument was acknowledged before me on this 2 day of MARCH,
by MELANIE AUSTIN SKIDMORE 2007 REVOCABLE T SKIDMORE MICHAEL
TRUSTEE.



D. Burns

Notary Public
Signature of person taking
acknowledgment

Notary Public
Title (and Rank)

My commission expires Aug 5, 2023

SEE ATTACHED CALIFORNIA ACKNOWLEDGMENT

CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 SHASTA }

On MARCH 2, 2021 before me, D. BURNS, NOTARY PUBLIC,
(where insert name and title of the officer)

personally appeared MICHAEL ELIOT SKIDMORE,
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.

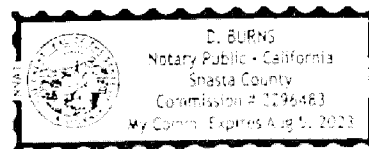
I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

D. Burns

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

WARRANT DEED

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

- _____
(Title)
☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary working and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signers personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signers personally appeared, which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural form by crossing off incorrect forms (i.e. he/she/they is/are) or circling the correct forms. Be sure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression overlaps, re-seal if a sufficient area permits. Otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signers of the document, especially in a corporate setting, indicate the title (e.g., CEO, CFO, Secretary).
- Securely attach this document to the document being notarized.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA

2650 BRESLAUER WAY
REDDING, CALIFORNIA 96001

3052013180087

CERTIFICATE OF DEATH

3201345001690

1. NAME OF DECEASED - FIRST, MIDDLE, LAST MELANIE		2. MIDDLE ANN		3. LAST FAMILY AUSTIN-SKIDMORE	
4. DATE OF BIRTH (month/day/year) 07/21/1951		5. AGE (years) 62		6. SEX F	
7. DATE OF DEATH (month/day/year) 09/22/2013		8. HOUR 0250		9. PLACE OF DEATH CA	
10. MARITAL STATUS (at time of death) MARRIED		11. DATE OF MARRIAGE (month/day/year) 09/22/2013		12. TYPE OF MARRIAGE UNKNOWN	
13. EDUCATION (highest level completed) SOME COLLEGE		14. TYPE OF OCCUPATION (industry) HEALTHCARE WORKER		15. YEARS IN OCCUPATION 20	
16. ADDRESS (street, city, state, zip) 15913 CLOVERDALE RD. ANDERSON, CA 96007		17. COUNTY SHASTA		18. ZIP CODE 96007	
19. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		20. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		21. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND	
22. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		23. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		24. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND	
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94. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		95. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		96. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND	
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100. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		101. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND		102. NAME OF DECEASED'S RELATIONSHIP MICHAEL SKIDMORE, HUSBAND	



* 000195340 *

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SHASTA

SS

DATE ISSUED

NOV 08 / 2013

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office.

ANDREW W. DECKERT, M.D., M.P.H.
REGISTRAR OF VITAL STATISTICS
SHASTA COUNTY HEALTH DEPARTMENT

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

ANY ALTERATION OR FRAUDULENT USE OF THIS CERTIFICATE

