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04/05/2021 02:25:02 PM

Fee: \$167.00



AFTER RECORDING RETURN TO:

SOS  
CONNIE CROCKETT  
PO BOX 1636  
GRASS VALLEY, CA 95945

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF KLAMATH

In the Matter of:

Case No: 21PB01559

SANDRA BROCK

Decedent

(print legal name of the deceased)

SMALL ESTATE  
AFFIDAVIT

☐ Amended

Filing Fee at ORS 21.145(4)

FILED  
STATE OF OREGON  
KLAMATH CIRCUIT COURT  
2021 FEB 25 AM 10:51  
BY: CLERK OF COURT

**NOTICE OF DUTY TO PAY DEBT OR TURN OVER PROPERTY**

**To any person who receives a copy of this affidavit:**

**Under ORS 114.535<sup>1</sup>, if you owe a debt to the decedent or have personal property of the decedent, you must pay the debt or turn over the property to the affiant. If you refuse, the affiant may ask the court to compel you to pay the debt or turn over the property and you could be responsible for the affiant's attorney fees.**

I swear that the following statements are true to the best of my knowledge. I understand that this affidavit has legal consequences and that I can talk to a lawyer. The legal fees can be paid by Decedent's estate if listed in this affidavit. I understand that I may have to personally pay for mistakes, omissions, or failure to perform a duty or obligation.

☐ THIS AFFIDAVIT IS BEING FILED BY A CREDITOR OF THE ESTATE BECAUSE DECEDENT DIED INTTESTATE AND WITHOUT HEIRS. WRITTEN AUTHORIZATION FOR THIS FILING FROM THE DEPARTMENT OF STATE LANDS IS ATTACHED.

☒ **Thirty (30) or more days** have passed since Decedent died

☒ **No probate or small estate exists.** No personal representative for the decedent's estate has been appointed in Oregon, no petition is pending for appointment of a personal representative of the estate in Oregon, and no other small estate affidavit has been filed in Oregon.

☐ This Affidavit is filed in this court because:

- ☐ Decedent died in this county  
☒ At death, Decedent lived in or owned property in this county  
☐ Decedent's estate currently owns property located in this county

CLERK OF COUNTY  
STATE OF OREGON  
I hereby certify that this is a true and correct copy of the original.  
Clerk of County  
By: [Signature]  
Date: 2021 FEB 25

<sup>1</sup> [https://www.oregonlegislature.gov/bills\\_laws/ors/ors114.html](https://www.oregonlegislature.gov/bills_laws/ors/ors114.html)



**AFFIANT'S INFORMATION** (person completing this Affidavit)

Name: RAMONA ESPINOZA  
Mailing Address: P.O. BOX 103  
WEIMAR CA 95736  
Phone: 530. 648. 6534

**1. I have authority to file this affidavit because (check all that apply):**

- ☐ I am an heir of Decedent and Decedent left no will  
☒ I am a devisee (entitled to receive something) in Decedent's will  
☐ I am named as personal representative in Decedent's will  
☐ I am a creditor of Decedent or the estate and was not paid the full amount owed within 60 days after Decedent's death

**and (check one):**

- ☐ Decedent died without a will (intestate) and without heirs. I have attached authorization from the Department of State Lands allowing me to file this affidavit. **or**  
☐ Authorization from the Department of State Lands is not required because Decedent died with a will (testate) or left heirs

**2. ☒ I am qualified** to serve as the affiant because all the following are true:

- I am 18 years old or older
- I have not been convicted of a felony in Oregon or another state
- I am not incapacitated or financially incapable (I am able to make health care decisions and manage my business affairs)
- I am not currently suspended or disbarred from the practice of law; I did not resign from the Oregon State Bar while misconduct charges were pending
- I am not a licensed funeral service practitioner unless Decedent was a relative of mine or Decedent was a licensed funeral service practitioner in a business relationship with me

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**DECEDENT'S INFORMATION**

**3. ☒ A certified copy of Decedent's death certificate is filed with this affidavit (required)**

Name: SANDRA BROCK  
As shown on the death certificate  
Residence Address: 136 W. 2nd St. \*  
RENO, NV (WASHOE CO)  
Mailing Address: \_\_\_\_\_

*\* Marked as "No fixed address" on death certificate*

Social Security # (last 4 digits): 7167  
Date of Death: 10-22-2020 Age at Death: 81

RE: SANDRA BROCK, Deceased  
Address for Place of Death: St. Mary's Regional Medical Center  
235 W. 6<sup>th</sup> St.  
Reno, NV 89503

#### ASSETS

4. ☒ The **valuation date** for the decedent's estate is:
- ☒ Decedent's date of death (if Affidavit is filed one year or less after Decedent's death)
  - ☐ Within 45 days before filing this Affidavit (if Affidavit is filed more than one year after the date of death)

5. ☒ As far as I know, the following assets are in the decedent's estate and subject to administration in Oregon. My authority as affiant applies only to the assets listed here.

Real Property Maximum total value \$200,000 (see Instructions) List street address. You MUST include or attach a legal description.	Fair Market Value
<input type="checkbox"/> None	-----
ACCOUNT NO: 350480, TAX CODE 072 PCL 406	
Situs Address: 31744 Drews Rd. Sprague River	
PER PROPERTY TAX STMT Total value of all real property	\$ 21,670.00
<input type="checkbox"/> Additional page attached titled "Section 5 – Real Property"	

Personal Property Maximum total value \$75,000 (see Instructions) (Clearly identify assets according to the Instructions)	Fair Market Value
<input checked="" type="checkbox"/> None	-----
<b>Total value of all personal property</b>	

☐ Additional page attached titled "Section 5 – Personal Property"

6. Decedent's **safe deposit box** (check all that apply):

No inventory required

☒ Decedent **did not** rent a safe deposit box, either alone or with others *and* did not own any contents in a box rented by someone else

☐ Decedent **did** rent a safe deposit box with others, and at least one of the others is still alive and Decedent did not own any contents in the box

**or**

Inventory required

☐ Decedent **owned** contents in a safe deposit box rented by someone else

☐ Decedent **did** rent a safe deposit box ☐ alone or ☐ with other people and none of the others is still alive

**and**

☐ I have an inventory of the box from the bank or credit union that has the box (see ORS 114.537(1))

☐ I have listed all assets in the box that have value, if any, on this Affidavit (assets have value if they can be sold)

The safe deposit box assets ☐ have no value or ☐ have value as listed in Section 5

- ☐ I have no information about a safe deposit box. **If I later discover** that the decedent **did** rent a safe deposit box, either alone or with others who have all died, **I will:**
- Get an inventory of the box from the bank or credit union that has the box (see *ORS 114.537(2)*)
  - Add the value of the assets in the box, if any, to the total value of personal property listed in section 5 of this Affidavit (*assets have value if they could be sold*)
  - If Decedent's total items of personal property are still \$75,000 or less, the bank can give me the contents of the box. If any items in the box have value, I will file an amended *Small Estate Affidavit* (see *ORS 114.515(6)*).
  - If Decedent's total assets are more than \$75,000 after I add the value of the items in the box, then the bank will keep the contents in the box. I will file a notice with the court that the estate is no longer a small estate. I will deliver or mail a copy of that notice to the bank that has the box.

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### **DISTRIBUTION OF ASSETS**

#### **7. Decedent:**

- ☐ **did not** leave a will (intestate) to the best of my knowledge
- ☒ **did** leave a will (testate) **and**
- ☐ the original will (not a copy) accompanies this Affidavit **and** the will has an affidavit of attesting witness or affidavit regarding a genuine signature (*If this is not true, you may not be able to file a Small Estate Affidavit, see the Instructions or talk to a lawyer.*)
- or**
- ☐ Decedent's will has been submitted for probate in another state. A certified copy of the will accompanies this Affidavit.

#### **8. Heirs**

Name of heir	Last known address	Relationship to decedent
<input type="checkbox"/> There are no heirs (see <i>ORS 112.015 – 112.115</i> )		

- ☐ Additional page attached titled "Section 8 - Heirs"

**9. Devisees**

Name of devisee	Last-known address
<input type="checkbox"/> There are no living devisees or Decedent did not leave a will	
RAMONA ESPINOZA	P.O. BOX 103, WEIMAR, CA 95736

☒ Additional page attached titled "Section 9 – Devisees"

**10. Asset Distribution**

The following people are entitled to receive the following property from Decedent's estate:

Name of heir (no will), devisee (will)	Assets to be received <i>(Note any conditions or survivorship provisions here. See Instructions.)</i>
RAMONA ESPINOZA	31744 DAWE'S Rd. Sprague River OR Acct. # 350480 Tax Code 072 PCL 406

☐ Additional page attached titled "Section 10 – Asset Distribution"

**11. Missing heirs or devisees**

- ☐ Decedent died **testate** (left a will) and I can locate all living devisees. None of the devisees are missing without a known address.
- ☐ Decedent died **intestate** (had no will) and I can locate all living heirs. None of the heirs are missing without a known address.
- ☐ I cannot locate the following heir or devisee and I do not know if this person has died.  
Person I cannot locate: \_\_\_\_\_  
Property that person is to receive: \_\_\_\_\_

☐ Additional page attached titled "Section 11 – Missing Heirs or Devisees"

## CLAIMS AGAINST ESTATE

12. ☒ I have made reasonable efforts to determine **creditors** of Decedent and the estate. I will continue attempts to determine all creditors of Decedent until distribution is complete.

➤ Creditors should mail claims against the estate to me at (address): \_\_\_\_\_

\_\_\_\_\_ P.O. Box 103  
\_\_\_\_\_ WEIMAR, CA 95736

(optional) Email address\*: \_\_\_\_\_

(optional) Fax number\*: \_\_\_\_\_

*\*Note: Only use email and fax if you will regularly check for communications. If you provide your email address or fax number, the court will assume you receive any communication sent to you that way.*

### 13. Undisputed Claims

☒ There are no undisputed claims

The following expenses or claims against the estate remain unpaid (including reimbursement owed to someone who paid claims or expenses). I do not dispute these expenses or claims. I will pay undisputed claims as provided in ORS 114.545. (See *Instructions for examples*)

Name and Last Known Address of Creditor	Description of Undisputed Expense or Claim	Amount (known or estimated)

☐ Additional page attached titled "Section 13 – Undisputed Claims"

### 14. Disputed claims

☒ There are no disputed claims

I dispute the following claims against the estate. I believe these claims may be invalid. (See *Instructions for examples*.)

Name and Last Known Address of Creditor	Description of Disputed Claim	Amount (known or estimated)

☐ Additional page attached titled "Section 14 – Disputed Claims"

### 15. Estate administration and funeral expenses

☒ I do not expect to have administrative or funeral expenses

I expect to pay the following expenses related to the estate (*see Instructions for examples*)

Name and Address of Creditor	Description of Expense	Amount (known or estimated)

☐ Additional page attached titled "Section 15 – Estate Expenses"

#### **INFORMATION FOR CREDITORS AND HEIRS AND DEVISEES**

**Claims may be barred.** Some claims against the estate may be barred unless certain things happen.

- (1) Claims against the estate not listed in this Affidavit, or in amounts larger than those listed in this Affidavit, may be barred unless:
  - (i) A claim is presented to the affiant within 4 months of the filing of this Affidavit or an amended Affidavit at the address, email address, or fax number stated in this Affidavit for presenting claims, or
  - (ii) A personal representative of the estate is appointed within the time allowed under ORS 114.555
- (2) If this Affidavit lists one or more claims that the affiant disputes, those claims may be barred unless:
  - (i) A petition for summary determination is filed within 4 months of the filing of this Affidavit or an amended Affidavit, or
  - (ii) A personal representative of the estate is appointed within the time allowed under ORS 114.555

**Remedies.** If the affiant does not comply with Oregon law and a person is injured because of that, the only ways to take action against the affiant are:

- (1) The summary determination of claims process under ORS 114.540
- (2) The summary review of administration process under ORS 114.550
- (3) The appointment of a personal representative for the estate within the time allowed by ORS 114.555 (usually 4 months from the date the Affidavit was filed)

**\*\*\*Note that *time limits apply* under the statutes**

**Financial institutions not liable.** A financial institution (as defined in ORS 706.008) that opens one or more deposit accounts for an affiant is not liable to any other person for opening the account or accounts or permitting the affiant to withdraw funds from the account or accounts by any means. The financial institution is not required to ensure that the funds of the decedent that are paid out by the affiant are properly applied. See ORS 114.545(5).

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**REQUIRED NOTICES** (*photocopies are allowed, you don't need certified copies*)

➤ **Heirs and devisees**

☐ Within **30 days** after filing this Affidavit with the court, I will deliver or mail to each heir and each devisee, if any, at their last known address:

- a copy of this Affidavit showing the date of filing **and**
- a copy of the will, if the decedent died testate

☐ If there are no heirs or devisees, or if there is a missing heir or devisee, I will deliver or mail a copy of this Affidavit within **30 days** after filing with the court to:

Oregon Department of State Lands  
775 Summer St NE # 100  
Salem, OR 97301

➤ **Creditors**

☒ Within **30 days** after filing this Affidavit with the court, I will deliver or mail a copy of this Affidavit showing the date of filing to the last known address of:

- each undisputed creditor (listed in section 13 above) **and**
- each disputed creditor (listed in section 14 above)

☐ I will deny any claims that are not presented on time under ORS 114.540(1)(a)

☐ I will deny any claims presented on time that are not valid

☒ To deny a claim, I will mail or deliver **written notice** to the person who filed the claim and their attorney, if any, stating the reason for denying the claim and the information required by ORS 114.540(2)

☐ I understand that if I allow a claim that is invalid, I may have to personally pay the cost of the claim

➤ **State**

☒ Within **30 days** after filing this Affidavit with the court, I will deliver or mail a copy of this Affidavit showing the date of filing **and** a copy of the death certificate to the Department of Human Services (DHS) and the Oregon Health Authority at:

Department of Human Services  
Estate Administration Unit  
PO Box 14021  
Salem OR 97309-5024

➤ **Department of Corrections**

☒ Decedent **was not** imprisoned in an Oregon prison at any time during the 15 years before death (*note: a county or city jail is not a prison*)

**Or**

☐ I do not know if Decedent was imprisoned in an Oregon prison during the 15 years before death

☐ Decedent **was** imprisoned in an Oregon prison during the 15 years before death

**And**

☐ within **30 days** after this Affidavit is filed with the court, I will send a copy of this Affidavit showing the date of filing **and** a copy of the death certificate to:

Department of Corrections  
2575 Center St NE  
Salem, OR 97301



## **AFFIANT DUTIES**

*You must read and check each section below. You may be personally liable for failing to meet your responsibilities.*

☒ If the court appoints a personal representative for the estate within 4 months after this Affidavit is filed, I will give the personal representative all of Decedent's assets and records

☒ I will not distribute any assets until all claims, expenses, and taxes have been paid **and** 4 months have passed since this Affidavit was filed

☐ I will distribute the estate according to the will that was filed with the Affidavit. If Decedent did not leave a will, I will distribute the estate according to the laws of intestacy in ORS 112.017 - 112.115.

### **Amended Affidavits**

☒ If I discover a material error or omission in this Affidavit, I will file an amended Small Estate Affidavit and serve it as required by ORS 114.515(6)

☒ If I discover assets Decedent owned that are not listed in this Affidavit, I will file an amended Small Estate Affidavit **before** taking control of those assets according to ORS 114.515(6)

☐ If any newly-discovered property makes Decedent's total asset values exceed the maximum values for a small estate I will promptly notify the court and all persons I notified before, as required in ORS 114.515(7).

### **Property and Income**

☒ I will take control of, and collect income from, the assets of the estate listed in this Affidavit (see ORS 114.535). I will only sell assets as provided in ORS 114.547. I understand that my authority over Decedent's assets only applies to assets listed in this Affidavit.

☒ I will administer the estate as promptly and with as little loss of value as I reasonably can under the circumstances. I understand that I may have to pay for loss of value caused by:

- my neglect or unreasonable delay in collecting the estate's assets
- paying out money or delivering property in a way I should not have
- failing to pay taxes as required by law
- failing to close the estate in a reasonable time
- dealing with the estate in a way that benefits me personally over creditors, heirs, or devisees
- any other negligent or intentional bad acts regarding estate assets, or failing to act in a way that causes loss to the estate

☒ I will not commingle estate property with my own property or the property of any other person ("commingle" means combine)

☒ I will keep records of my work on the estate at least until the **later of**: 2 years after the filing of this Affidavit **or** the conclusion of any summary review proceeding under ORS 114.550

☒ I will pay estate claims and expenses according to ORS 114.545(1)(f) and ORS 114.545(1)(g) from estate assets. If the estate does not have enough assets to pay all claims and expenses, I will pay them in the order set out in ORS 115.125.

I have read this Affidavit. The statements in this Affidavit are true and correct to the best of my knowledge. I understand that I make this statement under penalty of perjury. This Affidavit is made under ORS 114.505-114.560.

2.22.2021  
Date

Ramona Espinoza  
Signature of Affiant  
(DO NOT SIGN until you are with a notary or court clerk)

RAMONA ESPINOZA  
Print Name

P.O. BOX 103 WEIMAR CA 95736 530.648.6534  
Address City, State, Zip Phone

State of CALIFORNIA, County of NEVADA

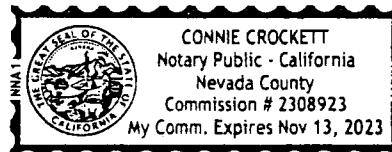
Signed and sworn to (or affirmed) before me on (date) Feb. 22, 2021 by

(name) RAMONA ESPINOZA

Connie Crockett  
Signature of notarial officer

My commission expires: 11.13.2023

Notary Public  
Title (and rank, if military officer)



## **“SECTION 9 - DEVISEES”**

I , Ramona Espinoza, declare:

I met the deceased, Sandra Brock, at age 19, in 1980. She was my landlord in Auburn, CA for many years. She and her husband, Clifford, eventually moved to Klamath Falls. I also moved to a nearby area in Oregon for a few years, until my mother became ill, and I moved back to Auburn to care for her. In April, 1994, Leonardo Duque and I sold the Klamath Falls property in question, to Sandra and Clifford, per the attached Warranty Deed. [Note: I have since restored my former last name of “Espinoza”, which was erroneously referred to as Ramana Espisito” in Sandra’s Will.]

Sandra and Clifford had no children. Sandra spoke to me of being an only child and said that Clifford had no other family. Clifford Brock died in either 2003, or at the beginning of 2004. I base this on when Sandra Brock began receiving his pension, in March, 2004. After review of the requirements for “representative” under ORS 432.380, I determined I did not qualify as an authorized party to acquire Clifford’s death certificate to attach to this statement, and therefore cannot prove that he is deceased.

Two years ago Sandra moved to Reno to ultimately live in a specific nursing home where her mother and aunt lived at the end of their lives, thus her move to Reno. She was familiar with the facility and found comfort there. However, she passed away before getting to this home.

Just before Thanksgiving, 2020, instead of receiving a call from the nursing home as the emergency contact person a month earlier when Sandra died, I received a call from the Washoe County Public Administrator’s office, and one from a private investigator, informing me of Sandra’s death. I was told that Sandra’s (holographic) Will was found (attached as Ex. A), and

that I was named as sole heir of her estate. She died of Covid and was cremated and I buried her remains. I have since been guided by Klamath County regarding the Small Estate Affidavit process. The minimal personal property of Sandra Brock has been disbursed to me as set up in advance through her bank, the only remaining asset is the property in question. I am unaware of any known creditors.

Based on the June 30, 2020 Property Tax statement for Acct. No. 350480 (see attached), the value of this vacant land is minimal and easily qualifies under the requirements of the Small Estate Affidavit.

Executed this 22 day of February, 2021, at Grass Valley, California, under penalty of perjury under the laws of the State of California.

  
RAMONA ESPINOZA

Connie Crockett (530) 265-0192  
Legal Document Assistant  
P.O. Box 1636  
Grass Valley, CA 95945  
Nevada County Reg. #2008-004

**ORIGINAL WILL - EXHIBIT "A"**

In Weimar, California 2018

In event of my death,  
everything I own goes to  
Rafaela Espisito:

What I own:

all my clothes  
anything left in bank  
my paintings  
jewelry

(6 silver bracelets, 4 lockets,

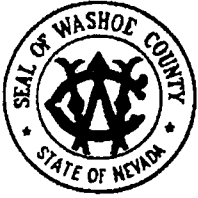
2 silver pins, 8 rings, 4  
silver chains with various charms,  
statue of liberty, brass fish &  
mermaid,

all my photos

My will is to be cremated with  
Aunt Betsey's ashes - (put sprinkle  
with my ashes or be with them).  
I'd like my ashes sprinkled  
with my dogs & Clifford on my  
property with Clifford my husband.  
I'm not very nice with Pensil  
when he died.

I do not want to be on life  
support in event of any illness  
not even one day for any reason  
I do not want any more amputations

signed -  
Sandra D. Brock



**WASHOE COUNTY PUBLIC ADMINISTRATOR**

Post Office Box 7360 Reno, Nevada 89510

Telephone (775) 861-4000

Fax (775) 861-4041

STATE OF NEVADA )  
 ) ss.  
COUNTY OF WASHOE )

**AFFIDAVIT OF RELEASE**

Ramona Espinoza, being duly sworn, under penalty of perjury, deposes and says:

That she is the Beneficiary of the Will of Sandra Inez Brock a resident of the County of Washoe, State of Nevada, who died on the 22nd day of October, 2020; that the total value of the real or personal property is unknown to this office. That affiant, pursuant to Chapter 134 or 139 of the Nevada Revised Statutes, as the Beneficiary of the Will has the right to succeed to said property and/or is the family representative and asks that the property hereinafter be released to the affiant. That Affiant has never been convicted of a felony. Affiant understands and agrees that funeral expenses are to be reimbursed to the payer from estate funds pursuant to NRS 150.220. Affiant agrees to obtain a Nevada licensed attorney for assistance in this matter if it is determined at a later date that one is necessary. Affiant assumes any liability which might fall upon the office of the Public Administrator and releases the Washoe County Public Administrator and the employees of this office of all debts and obligations to the decedent's estate by reason of this release. The property being released is as follows: Any and all property belonging to Sandra Inez Brock including but not limited to property listed on the attached sheets. The funds on account in the amount of \$ 32.26 will be retained by the Washoe County Public Administrator and applied toward fees for professional services rendered. "

Dated this 9<sup>th</sup> day of December, 2020.

Relationship: Beneficiary

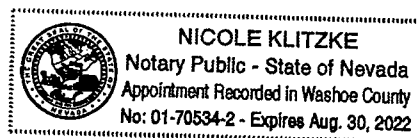
Subscribed and sworn to before me  
this 9<sup>th</sup> day of December, 2020 by,

Signed: R. Espinoza

Address: P.O. Box 103

Ukiah, Ca 95736

Nicole Klitzke  
Notary Public



**KLAMATH COUNTY, OREGON PROPERTY TAX STATEMENT**  
 305 MAIN STREET RM 121  
 KLAMATH FALLS, OR 97601  
 JULY 1, 2019 TO JUNE 30, 2020

**ACCOUNT NO:**  
**350480**

**REAL PROPERTY DESCRIPTION**

CODE: 072 PCL: 406  
 MAP: 3611-010B0-01200  
 ACRES: 1.50  
 SITUS: 31744 DREWS RD SPRAGUE RIVER

03104  
 BROCK SANDRA  
 136 W 2ND ST  
 RENO, NV 87501

Klamath County Schools 87.80  
 Klamath Community College 8.92  
 So. OR Education 7.64  
**EDUCATION TOTAL 104.36**

Klamath County 37.55  
 Museum 1.08  
 Library 10.62  
 Klamath County Extension SVC 3.25  
 Klamath County Predatory Control 1.30  
 911 3.34  
 911OP 1.73  
**GENERAL GOVT TOTAL 67.87**

Klamath County Schools Bond 13 12.30  
 Fire Patrol Surcharge 47.50  
 Klamath Lake Grazing 18.75  
**BONDS & OTHER TOTAL 78.55**

VALUES	LAST YEAR	THIS YEAR
REAL MARKET		
LAND	24,120	24,120
STRUCTURES	0	0
TOTAL RMV	24,120	24,120
TOTAL ASSESSED VALUE	21,040	21,670
EXEMPTIONS		
NET TAXABLE:	21,040	21,670
TOTAL PROPERTY TAX	236.63	241.78

PAY OPTIONS: BY MAIL, IN PERSON, OR ONLINE AT  
 KLAMATHCOUNTY.ORG (FEES APPLY)  
 MAIL NOVEMBER PAYMENT TO PORTLAND (FEB & MAY PYMTS MAIL TO  
 KLAMATH FALLS ADDRESS), NOVEMBER 15TH POSTMARK ACCEPTED  
 ASSESSMENT / ADDRESS / OWNER QUESTIONS: (541) 883-5111  
 FOR TAX PAYMENT QUESTIONS CALL: (541) 883-4297

YOUR CANCELLED CHECK IS YOUR RECEIPT

2019 - 2020 TAX ( Before Discount ) 241.78

PAYMENT OPTIONS			
Date Due	1/2 Option	2/2 Option	Trimester Option
11/15/19	234.53	157.97	80.60
07/15/20			80.59
05/15/20		80.59	80.59
Total	234.53	238.56	241.78

TOTAL DUE (After Discount and Pre-payments) 234.53

↑ Tear Here

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Tear Here ↑

**2019 - 2020 PROPERTY TAXES**

**KLAMATH COUNTY REAL**

**ACCOUNT NO. 350480**

PAYMENT OPTIONS	Discount	Date Due	Amount	Date Due	Amount	Date Due	Amount
Full Payment Enclosed	3%	11/15/19	234.53				
or 2/3 Payment Enclosed	2%	11/15/19	157.97			05/15/20	80.59
or 1/3 Payment Enclosed	0%	11/15/19	80.60	02/18/20	80.59	05/15/20	80.59

DISCOUNT IS LOST & INTEREST APPLIES AFTER DUE DATE

☐ Mailing address change on back

Enter Payment Amount

MAKE PAYMENT TO:

KLAMATH COUNTY TAX COLLECTOR  
 PO BOX 2696  
 PORTLAND OR 97208-2696

BROCK SANDRA  
 136 W 2ND ST  
 RENO, NV 87501

FOR CREDIT CARD PAYMENT INFO: [www.klamathcounty.org](http://www.klamathcounty.org)

18100003504800000008060000001579700000234532



84472

FORM No. 473 - WARRANTY DEED (Individual or Corporate)  
WARRANTY DEED Vol. 194 Page 22081

KNOW ALL MEN BY THESE PRESENTS, That Leonardo Duque and Ramona Duque  
husband and wife  
hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Clifford Brock  
and Sandra Brock husband and wife  
the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and  
assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or ap-  
pertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 28 in block 9 second addition to  
Nimrod Ruier Park, according to the  
official plat thereof on file in the office  
of the county clerk of Klamath County, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that  
grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

Subject to reservations and restrictions of record, rights of way  
and easements of record and those apparen upon the land, contracts  
and/or liens for irrigation and/or drainage and that  
grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims  
and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 5000.00

However, the actual consideration consists of or includes other property or value given or promised which is  
the whole consideration (indicate which): (The sentence between the symbols is not applicable, should be deleted. See OMS §33.010.)

In construing this deed and where the context so requires, the singular includes the plural and all grammatical  
changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 18th day of April, 1994;

if a corporate grantor, it has caused its name to be subscribed and its seal affixed by an officer or other person duly  
authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-  
SCRIBED 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 APPROVED USES.

STATE OF OREGON, County of Klamath ss.  
This instrument was acknowledged before me on 4-18th, 1994  
by Leonardo & Ramona Duque  
This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_  
by Leonardo & Ramona Duque  
as Ramona Duque  
of \_\_\_\_\_

Notary Public for Oregon

My commission expires \_\_\_\_\_

Leonardo & Ramona Duque  
12050 Aspen gold dr  
Grass Valley, CA 95949  
GRANTOR'S NAME AND ADDRESS  
Clifford & Sandra Brock  
P.O. Box Gen Delivery  
Sprague River OR 97659  
GRANTEE'S NAME AND ADDRESS

After recording return to:  
Clifford & Sandra Brock  
P.O. Box Gen Delivery  
Sprague River OR 97659  
NAME, ADDRESS ZIP

Until a change is requested all tax statements shall be sent to the following address:  
Same as above

NAME, ADDRESS, ZIP

STATE OF OREGON, ss.

County of \_\_\_\_\_

I certify that the within instru-  
ment was received for record on the  
day of \_\_\_\_\_, 19\_\_\_\_

at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded  
in book/reel/volume No. \_\_\_\_\_ on  
page \_\_\_\_\_ or as fee/tile/instru-  
ment/microfilm/reception No. \_\_\_\_\_,  
Record of Deeds of said county.

Witness my hand and seal of  
County affixed.

NAME

By \_\_\_\_\_ Deputy

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

22082

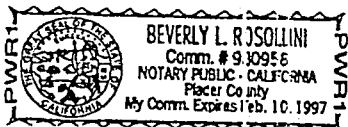
No. 5907

State of Calif  
County of Placer

On JULY 14, 1994 before me, BEVERLY L ROSOLLINI,  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Leonardo Duque + Ramona Duque,  
NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ 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.



WITNESS my hand and official seal.

Beverly L Rosollini  
SIGNATURE OF NOTARY

## OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

### CAPACITY CLAIMED BY SIGNER

☒ INDIVIDUAL  
☐ CORPORATE OFFICER

TITLE(S)

☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)  
\_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF ATTACHED DOCUMENT

Warranty Deed  
TITLE OR TYPE OF DOCUMENT

1  
NUMBER OF PAGES

JUL 14, 1994  
DATE OF DOCUMENT

\_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ day  
of July A.D., 19 94 at 9:58 o'clock A.M., and duly recorded in Vol. M94  
of Deeds on Page 22081

FEE \$35.00  
Non 20.00

Evelyn Biehn County Clerk  
By Rosetta Mueller