

2021-007576

Klamath County, Oregon

05/12/2021 11:02:01 AM

Fee: \$102.00

RECORDING REQUESTED BY:
WHEN RECORDED MAIL THIS
DEED AND TAX STATEMENT TO:

John Gordon
3028 Greentree Court
Los Angeles, CA 90077

APN: R-2309-001B0-01300-000

QUITCLAIM DEED

John Gordon, Successor Trustee under the Gordon Family Trust Agreement dated August 6, 1993, Grantor, releases and quitclaims to John Gordon, a married man, Grantee, all right, title and interest in and to the following described real property:

Lot 9, Block 3, Wagon Trail Acreage's No. 1, Third Addition, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This property is free from liens and encumbrances, EXCEPT:

Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

This conveyance transfers an interest into or out of a Living Trust. This is a bonafide gift and Grantor received nothing in return.

See Death Certificates attached hereto.

Commonly known as: 153249 Hackamore Lane, La Pine, Oregon 97739

THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN A FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS THAT, IN FARM OR FOREST ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE AND THAT LIMIT LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, IN ALL ZONES. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSONS 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.

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 VERIFY THE EXISTENCE OF FIRE PROTECTION FOR STRUCTURES 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.

Dated April 30, 2021

A handwritten signature in black ink, appearing to read "John Gordon", written over a horizontal line.

John Gordon, Successor Trustee under the Gordon
Family Trust Agreement dated August 6, 1993

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 Los Angeles } ss.

On April 30, 2021, before me, Lawrence A. Snyder, notary public, personally appeared John Gordon, 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: Lawrence A. Snyder



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052020228189

CERTIFICATE OF DEATH

3202019054011

1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)		4 DATE OF BIRTH (month/day/year)		5 AGE (Years)		6 SEX	
MONTE		STEWART		GORDON		06/18/1931		89		M	
7 DATE OF DEATH (month/day/year)											
10/07/2020											
8 HOUR (24-hour)											
0610											
9 MARRIAGE STATUS (at time of death)											
WIDOWED											
10 DECEASED'S RACE - Up to 3 letters may be listed (see instructions on back)											
CAUCASIAN											
11 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED											
ATTORNEY											
12 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)											
LAW											
13 YEARS IN OCCUPATION											
50											
14 DECEASED'S RESIDENCE (Street and number, or location)											
10311 CLUSTERBERRY COURT											
15 CITY											
LOS ANGELES											
16 COUNTY/PROVINCE											
LOS ANGELES											
17 ZIP CODE											
90077											
18 YEARS IN COUNTY											
60											
19 STATE/FOREIGN COUNTRY											
CA											
20 DECEASED'S NAME, RELATIONSHIP											
JOHN GORDON, SON											
21 INFORMANT'S ADDRESS (Street and number, or rural route, city or town, state and zip)											
3028 GREENTREE COURT, LOS ANGELES, CA 90077											
22 NAME OF SURVIVING SPOUSE/SPOUSE-TO-BE											
-											
23 MIDDLE											
-											
24 LAST (BIRTH NAME)											
-											
25 NAME OF FATHER/STEPFATHER - FIRST											
MAC											
26 MIDDLE											
-											
27 LAST (BIRTH NAME)											
GORDON											
28 BIRTH STATE											
NY											
29 NAME OF MOTHER/STEPMOTHER - FIRST											
SIDONA											
30 MIDDLE											
-											
31 LAST (BIRTH NAME)											
MACHSON											
32 BIRTH STATE											
NY											
33 DISPOSITION DATE (month/day/year)											
10/09/2020											
34 PLACE OF FINAL DISPOSITION											
HILLSIDE MEMORIAL PARK											
6001 W. CENTINELA AVE, LOS ANGELES, CA 90045											
35 TYPE OF DISPOSITION											
BU											
36 SIGNATURE OF EMBALMER											
NOT EMBALMED											
37 LICENSE NUMBER											
-											
38 NAME OF FUNERAL ESTABLISHMENT											
HILLSIDE MEMORIAL PARK MORTUARY											
39 LICENSE NUMBER											
FD1358											
40 SIGNATURE OF LOCAL REGISTRAR											
MUNTU DAVIS, M.D.											
41 DATE (month/day/year)											
10/09/2020											
42 PLACE OF DEATH											
RESIDENCE											
43 CITY											
LOS ANGELES											
44 FACILITY ADDRESS OR LOCATION WHERE FOUNEY (Street and number, or location)											
10311 CLUSTERBERRY COURT											
45 CITY											
LOS ANGELES											
46 CAUSE OF DEATH											
107 IMMEDIATE CAUSE (If final cause of condition resulting in death)											
a) CARDIOPULMONARY ARREST											
b) METABOLIC ACIDOSIS											
c) END STAGE RENAL DISEASE											
108 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not resulting in the underlying cause given in 107)											
NONE											
109 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date)											
NO											
110 IF FEMALE, PREGNANT IN LAST YEAR											
YES NO UNK											
111 SIGNATURE AND TITLE OF CERTIFIER											
OREN SIMANTOV RAPHAEL M.D.											
112 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE											
OREN SIMANTOV RAPHAEL M.D.											
6345 BALBOA BLVD #315, ENCINO, CA 91316											
113 DATE OF DEATH											
10/05/2020											
114 DATE OF DEATH											
10/07/2020											
115 PLACE OF DEATH											
6345 BALBOA BLVD #315, ENCINO, CA 91316											
116 TYPE OF DEATH											
Natural Accidental Homicide Suicide Pending Investigation Could not be determined											
117 INJURY DATE (month/day/year)											
118 INJURY DATE (month/day/year)											
119 INJURY DATE (month/day/year)											
120 INJURY DATE (month/day/year)											
121 INJURY DATE (month/day/year)											
122 INJURY DATE (month/day/year)											
123 INJURY DATE (month/day/year)											
124 INJURY DATE (month/day/year)											
125 INJURY DATE (month/day/year)											
126 INJURY DATE (month/day/year)											
127 INJURY DATE (month/day/year)											
128 INJURY DATE (month/day/year)											
129 INJURY DATE (month/day/year)											
130 INJURY DATE (month/day/year)											
131 INJURY DATE (month/day/year)											
132 INJURY DATE (month/day/year)											
133 INJURY DATE (month/day/year)											
134 INJURY DATE (month/day/year)											
135 INJURY DATE (month/day/year)											
136 INJURY DATE (month/day/year)											
137 INJURY DATE (month/day/year)											
138 INJURY DATE (month/day/year)											
139 INJURY DATE (month/day/year)											
140 INJURY DATE (month/day/year)											
141 INJURY DATE (month/day/year)											
142 INJURY DATE (month/day/year)											
143 INJURY DATE (month/day/year)											
144 INJURY DATE (month/day/year)											
145 INJURY DATE (month/day/year)											
146 INJURY DATE (month/day/year)											
147 INJURY DATE (month/day/year)											
148 INJURY DATE (month/day/year)											
149 INJURY DATE (month/day/year)											
150 INJURY DATE (month/day/year)											
151 INJURY DATE (month/day/year)											
152 INJURY DATE (month/day/year)											
153 INJURY DATE (month/day/year)											
154 INJURY DATE (month/day/year)											
155 INJURY DATE (month/day/year)											
156 INJURY DATE (month/day/year)											
157 INJURY DATE (month/day/year)											
158 INJURY DATE (month/day/year)											
159 INJURY DATE (month/day/year)											
160 INJURY DATE (month/day/year)											
161 INJURY DATE (month/day/year)											
162 INJURY DATE (month/day/year)											
163 INJURY DATE (month/day/year)											
164 INJURY DATE (month/day/year)											
165 INJURY DATE (month/day/year)											
166 INJURY DATE (month/day/year)											
167 INJURY DATE (month/day/year)											
168 INJURY DATE (month/day/year)											
169 INJURY DATE (month/day/year)											
170 INJURY DATE (month/day/year)											
171 INJURY DATE (month/day/year)											
172 INJURY DATE (month/day/year)											
173 INJURY DATE (month/day/year)											
174 INJURY DATE (month/day/year)											
175 INJURY DATE (month/day/year)											
176 INJURY DATE (month/day/year)											
177 INJURY DATE (month/day/year)											
178 INJURY DATE (month/day/year)											
179 INJURY DATE (month/day/year)											
180 INJURY DATE (month/day/year)											
181 INJURY DATE (month/day/year)											
182 INJURY DATE (month/day/year)											
183 INJURY DATE (month/day/year)											
184 INJURY DATE (month/day/year)											
185 INJURY DATE (month/day/year)											
186 INJURY DATE (month/day/year)											
187 INJURY DATE (month/day/year)											
188 INJURY DATE (month/day/year)											
189 INJURY DATE (month/day/year)											
190 INJURY DATE (month/day/year)											
191 INJURY DATE (month/day/year)											
192 INJURY DATE (month/day/year)											
193 INJURY DATE (month/day/year)											
194 INJURY DATE (month/day/year)											
195 INJURY DATE (month/day/year)											
196 INJURY DATE (month/day/year)											
197 INJURY DATE (month/day/year)											
198 INJURY DATE (month/day/year)											
199 INJURY DATE (month/day/year)											
200 INJURY DATE (month/day/year)											

STATE REGISTRAR A B C D E 010001004688794 FAX AUTH.1 CENSUS TRACT

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

FEB 16 2021

1000003873041

0008108742 - 04

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

626954

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2012-022996

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
			Joni	Evans	Gordon		September 11, 2012	
	Sex		Age		Social Security Number		County of Death	
	Female		75 years		548-44-8406		Deschutes	
	Birthdate		Birthplace				Was Decedent Ever in U.S. Armed Forces?	
	September 24, 1936		Cleveland, Ohio				No	
	Residence:					City/Town		
	10311 Clusterberry Court					Los Angeles		
	Residence County			State or Foreign Country		Zip Code + 4		Inside City Limits?
	Los Angeles			California		90077		Yes
Marital Status at Time of Death			Spouse's Name Prior to First Marriage					
Married			Monte Stewart Gordon					
Father's Name					Mother's Name Prior to First Marriage			
Jerry Toffler					Helen Joseph			
Informant's Name			Telephone Number		Relationship to Decedent		Mailing Address	
Monte Stewart Gordon			Not Available		Spouse		10311 Clusterberry Court, Los Angeles, CA 90077	
Place of Death					Facility Name			
Hospital-Inpatient					St. Charles Medical Center - Bend			
Location of Death					City/Town or Location of Death		State	Zip Code + 4
2500 NE Neff Road					Bend		Oregon	97701
Method of Disposition			Place of Disposition			Location (City/Town and State)		
Burial			Hillside Memorial Park			Los Angeles, California		
Name and Complete Address of Funeral Facility								
Deschutes Memorial Chapel 63875 Hwy 97 N, Bend, Oregon 97701								
Date of Disposition			Funeral Director's Signature				OR License Number	
September 16, 2012			Michael R. Garcia				CO-3136	
Registrar's Signature					Date Received		Local File Number	
/s/ Andria D Mitchell					September 18, 2012		1059	
Amendment "Immediate Cause Due to line c." formerly blank; "Injury - Date/Time/Place/At work?/Location and Description" all formerly blank; amended by affidavit Nov-01-2012 Z#105316; J.A. Woodward, State Registrar, sv., Certifier formerly Mark Gregory Belza, MD16986; 2200 NE Neff RD STE 200; Bend, OR 97701-6576; Date Signed formerly Sep-17-2012; (continued)								

45-2CCS (01/06)

20210214862

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

March 11, 2021

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE