

2021-011436**Klamath County, Oregon**

07/26/2021 12:16:00 PM

Fee: \$92.00

After recording return to:

Cheryl Hearn, Trustee
Hearn Family Trust
801 Tradewinds Court
Sun Valley, Nevada 89433

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

Cheryl Hearn, Trustee
Hearn Family Trust
801 Tradewinds Court
Sun Valley, Nevada 89433

Consideration: Estate Distribution – Inheritance (\$0)

DEED OF PERSONAL REPRESENTATIVE

Cheryl Hearn, the duly appointed, qualified, and acting Claiming Successor of the estate of Phyllis Hearn, deceased, Klamath County probate number 21PB00321, Grantor, hereby conveys to Cheryl Hearn, Trustee of the Hearn Family Trust dated May 29, 2009, Grantee, that real property situated in the County of Klamath, State of Oregon, described as follows, to wit:

Block 78, Lot 25, 8th Addition to Nimrod River Park.

Subject to all conditions, covenants, reservations, restrictions, easements, rights and rights of way of record, official records of Klamath County, State of Oregon.

The true consideration for this conveyance is Distribution from an Estate for an Inheritance for (\$0). However, the actual consideration consists of or includes other property or value given or promised which is either part or the whole consideration for this conveyance.

To have and to hold the same unto grantees and grantees' heirs, successors and assigns forever.

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

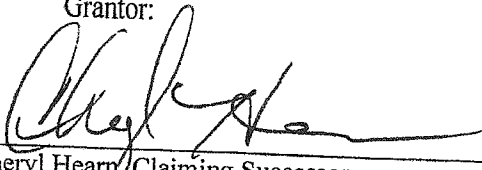
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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 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

Page 2 – PERSONAL REPRESENTATIVE'S DEED

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.

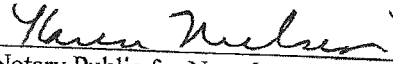
Dated: May 27, 2021

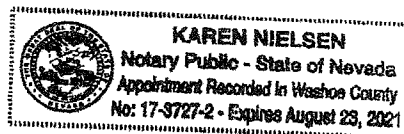
Grantor:


Cheryl Hearn, Claiming Successor
Estate of Phyllis Hearn

State of Nevada)
) ss.
County of Washoe)

This instrument was acknowledged before me on May 27, 2021 by Cheryl Hearn, Claiming Successor of the
Estate of Phyllis Hearn, Grantor.


Notary Public for Nevada
My Commission Expires: August 23, 2021



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010009995

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STAYING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) William Orville HEARN			2. DATE OF DEATH (Mo/Day/Year) June 26, 2010			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION (Name (if not either, give street and number)) Veterans Hospital			3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. (Inpatient) (Specify) Inpatient		
4. SEX Male			5. RACE White (Specify)					
6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE - Last birthday (Years) 79			7b. UNDER 1 YEAR MOS		
7c. UNDER 1 DAY HOURS			7d. UNDER 1 MIN MIN			8. DATE OF BIRTH (Mo/Day/Yr) March 28, 1931		
9a. STATE OF BIRTH (if not U.S.A. name country) Arizona			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 11		
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE OR DOMESTIC PARTNER Phyllis BIBBY			13. SOCIAL SECURITY NUMBER 530-14-0540		
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electric Surveyor			14b. KIND OF BUSINESS OR INDUSTRY Sierra Pacific			15. Ever in US Armed Forces? Yes		
15a. RESIDENCE - STATE Nevada			15b. COUNTY Washoe			15c. CITY, TOWN OR LOCATION Sparks		
15d. STREET AND NUMBER 11580 Campo Rico Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			16. FATHER - NAME (First Middle Last Suffix) Frank HEARN		
17. MOTHER - NAME (First Middle Last Suffix) Della WILLIAMS			18a. INFORMANT - NAME (Type or Print) Phyllis HEARN					
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11580 Campo Rico Lane Sparks, Nevada 89441			19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation					
19b. CEMETERY OR CREMATORY - NAME Sierra Crematory			19c. LOCATION City or Town State Reno Nevada 89501					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TERESA HALL SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 812			20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV. 89431		
TRADE CALL - NAME AND ADDRESS								
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PRAHLAD REDDY MD SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature & Title)					
21b. DATE SIGNED (Mo/Day/Yr) July 02, 2010			21c. HOUR OF DEATH 07:08			22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
22e. PRONOUNCED DEAD AT (Hour)			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) PRAHLAD REDDY MD 1000 Locust St. Reno, NV 89501					
23b. LICENSE NUMBER LL1786			24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED					
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 2010			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
(a) Respiratory failure								
(b) Pneumonia								
(c) Etiology unknown								
(d)								
26a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)								
26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED		
26e. INJURY AT WORK (Specify Yes or No)			26f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VRS-Rev 20090602

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

07/13/2010

DEPUTY REGISTRAR

Nery A. Antares
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

