

**RECORDING COVER SHEET (Please Print or Type)** this cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, ORS 205.234, and does NOT affect the instrument.

**AFTER RECORDING RETURN TO:**

Mary E. MacLellan, Esq.  
5589 Winfield Blvd. Ste. 210  
San Jose, CA 95123

**SEND TAX STATEMENTS TO:**

Douglas Umbarger  
33439 Bronco Lane  
Squaw Valley, CA 93675

**2021-012983**

Klamath County, Oregon



00286223202100129830070075

08/25/2021 11:20:22 AM

Fee: \$112.00

**TITLE(S) OF THE TRANSACTION(S) ORS 205.234(a)**

Order Appointing Successor Trustees

**DIRECT PARTY(S)** -- (i.e., DEEDS: Seller/Grantor; MORTGAGES: Borrower/Grantor; LIENS: Creditor/Plaintiff) ORS 205.125(1) (b) and 205.160

Grantor Charles H. Umbarger

Grantees: Lynn Sawyer (aka Linda Sawyer) and Douglas Umbarger, Successor Trustees

**INDIRECT PARTY(S)** -- (i.e., DEEDS: Buyer/Grantee; MORTGAGES: Beneficiary/Lender; LIENS: Debtor/Defendant) ORS 205.125(1) (a) and 205.160

Not Applicable

**TRUE AND ACTUAL CONSIDERATION--** (Amount in dollars or other) ORS 93.030(5)

\$ 00.00

**JUDGMENT AMOUNT--** (obligation imposed by the order or warrant) ORS 205.125(1) (c)

\$ Not applicable

**If this instrument is being Re-Recorded, complete the following statement, in accordance with ORS 205.244:**

"RERECORDED AT THE REQUEST OF \_\_\_\_\_  
TO CORRECT \_\_\_\_\_

PREVIOUSLY RECORDED IN BOOK/PAGE/FEE NUMBER \_\_\_\_\_  
\_\_\_\_\_

1 Mary E. MacLellan (SBN 276107)  
2 MacLellan Law Firm  
3 5595 Winfield Blvd., Ste. 200  
4 San Jose CA 95123  
5 (408)629-8000, Fax (408) 629-9100  
6 marymaclellanlaw@gmail.com  
7  
8 Attorney for Petitioner, Lynn Sawyer  
9 (aka Linda Sawyer) and Douglas Umbarger  
10  
11

12 SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES  
13  
14

15 In Re the matter of:

Case No.: 20AVPB00220

16 ORDER APPOINTING SUCCESSOR  
17 TRUSTEES

18 THE CHARLES H. UMBARGER 2002  
19 REVOCABLE TURST

DATE: 1/7/2021  
TIME: 10:30 A.M.  
DEPT: A12

20 BEFORE THE HONORABLE SCOTT J. NORD, JUDGE PRO TEMPORE PRESIDING:

21 *RE* The Court having reviewed the Petition <sup>for Appointment of Successor Trustees</sup> and other documents presented  
22 by the Petitioners which came on for hearing on January 7, 2021 at 10:30 a.m. in Dept. A12,  
23 hereby orders as follows:

- 24 1. Notice has been given as required by law.  
25 2. Petitioners, Lynn Sawyer (aka Linda Sawyer) and Douglas Umbarger are  
26 hereby appointed Successor Trustees of The Charles H. Umbarger 2002 Revocable Trust  
27 effective immediately.

28 /////

/////

ORDER APPOINTING SUCCESSOR TRUSTEES  
CHARLES H. UMBARGER 2002 REVOCABLE TRUST

1 3. Bond is not required.

2 IT IS SO ORDERED.

3 Dated: 1/26/21



JUDGE OF THE SUPERIOR COURT

Scott A. Reed  
COMMISSIONER

RE

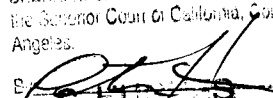
ORDER APPOINTING SUCCESSOR TRUSTEES  
CHARLES H. UMBARGER 2002 REVOCABLE TRUST



THE DOCUMENT TO WHICH THIS CERTIFICATE  
IS ATTACHED IS A FULL, TRUE AND CORRECT  
COPY OF THE ORIGINAL ISSUED BY THIS OFFICE  
ON 1/26/21 OF RECORD.

ATTEST **FEB 03 2021**

SHERRI R. CARTER, Executive Officer/Clerk of  
the Superior Court of California, County of Los  
Angeles.

  
S. R. CARTER

## **EXHIBIT A**

Real property in Klamath County, Oregon:

A. Undeveloped property in Oregon Pines, described as:

“Lot 2, Block 43, Oregon Pines, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.”

B. Undeveloped property in Oregon Pines, described as:

“Lot 19, Block 39, First Addition to Klamath Forest Estates, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.”

C. Undeveloped property in Oregon Pines described as:

“Lot 16, Block 29, Oregon Pines, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.”

D. Undeveloped property in Oregon Pines, described as:

“Lots 17 and 18, Block 29, Oregon Pines, as same as shown on plat filed June 30, 1969 duly recorded in the office of the county recorder of said county.”

APN: 3511-01100-01000-000

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

3052019242460

## CERTIFICATE OF DEATH

3201919054119

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		3 LAST (Family)	
CHARLES		UMBARGER	
2 MIDDLE		4 DATE OF BIRTH mm/dd/yyyy	
HENRY		03/06/1948	
5 AGE Yrs		6 SEX	
71		M	
8 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
CA		561-68-3200	
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS/GROUP at time of death	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13 EDUCATION - Highest Level/Degree (See instruction on back)		14 DATE OF DEATH mm/dd/yyyy	
BACHELOR		11/25/2019	
15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		16 DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
SALESMAN		OIL INDUSTRY	
19 YEARS IN OCCUPATION		20 DECEDENT'S RESIDENCE (Street and number, or location)	
10		38745 26TH STREET EAST	
21 CITY		22 COUNTY/PROVINCE	
PALMDALE		LOS ANGELES	
23 ZIP CODE		24 YEARS IN COUNTY	
93550		38	
25 STATE/FOREIGN COUNTRY		26 THE DECEASED'S MAILING ADDRESS (Street and number, or location, city or town, state and zip)	
CA		37666 POSEIDON DRIVE, PALMDALE, CA 93552	
27 NAME OF SURVIVING SPOUSE/SP - FIRST		28 MIDDLE	
-		-	
29 LAST (BIRTH NAME)		30 BIRTH STATE	
-		UNKNOWN	
31 NAME OF FATHER/PARENT - FIRST		32 MIDDLE	
CHARLES		-	
33 LAST		34 BIRTH STATE	
UMBARGER		UNKNOWN	
35 NAME OF MOTHER/PARENT - FIRST		36 MIDDLE	
UNKNOWN		-	
37 LAST (BIRTH NAME)		38 BIRTH STATE	
UNKNOWN		UNKNOWN	
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION	
12/05/2019		RESIDENCE SOTH SETH	
41 TYPE OF DISPOSITION		42 SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
-		VALLEY OF PEACE CREMATION AND BURIAL	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FD2055		MUNTU DAVIS, M.D.	
47 DATE mm/dd/yyyy		48 IF OTHER THAN HOSPITAL, SPECIFY ONE	
12/04/2019		<input type="checkbox"/> P <input type="checkbox"/> HOME <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Other	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> HOME <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Other	
103 COUNTY		104 CITY	
LOS ANGELES		PALMDALE	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106 DEATH REPORTED TO CORONER?	
38745 26TH STREET EAST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107 CAUSE OF DEATH		108 DEATH REPORTED TO CORONER?	
(a) LUNG CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(b) UNK		109 EMPLOYED PERFORMED?	
(c) UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(d) UNK		110 AUTOPSY PERFORMED?	
(e) UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111 USED INDETERMINING CAUSE?		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input type="checkbox"/> YES <input type="checkbox"/> NO		NONE	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	
NO		115 SIGNATURE AND TITLE OF CERTIFIER	
116 DATE mm/dd/yyyy		117 DATE mm/dd/yyyy	
11/20/2019		11/25/2019	
118 TYPE ATTESTING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE		119 LICENSE NUMBER	
TERENCE BRIAN THOMPSON M.D.		A55500	
44215 15TH STREET WEST, SUITE 100, LANCASTER, CA 93534		120 INJURED AT WORK?	
121 INJURY DATE mm/dd/yyyy		122 HOURS (24 hours)	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)		126 SIGNATURE OF CORONER/DEPUTY CORONER	
127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
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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

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

JUN 22 2020