

**WHEN RECORDED MAIL ALL
DOCUMENTS INCLUDING TAXES TO**

2022-002307

Klamath County, Oregon

02/23/2022 02:09:01 PM

Fee: \$97.00

**Mile High REI Group LLC
500 Westover Dr #12291
Sanford, NC 27330**

WARRANTY DEED

THE GRANTOR(S), Richard McArthur Williams and Darla Hull Williams, as Trustees under the Declaration of Trust dated July 5, 1995, for and in consideration of: Ten Dollars grants, bargains, sells, conveys and warranties to the GRANTEE(S):

Mile High REI Group LLC, a Colorado Limited Liability Company with a mailing address of 500 Westover Dr #12291, Sanford, NC 27330 the following described real estate situated in the County of Klamath, State of Oregon:

Parcel ID
R361842

Recorder: Legal Description
SPRAGUE RIVER VALLEY ACRES BLK-19 LOT-36

SUBJECT TO: Current 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 the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

Dated: 2-2-22

Signature: Richard Williams

Richard Williams
217 Trolleybell Ct
Roseville, CA 95747

Dated: _____

Signature: _____

Darla Hull

-
-

Acknowledgment of Individual

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date), by
Richard Williams and Darla Hull, who is personally known to me or who has produced
_____ (type of identification) as identification.

Notary Public

Printed Name: _____

My Commission Expires: _____

Commission # _____

NOTARY DOCUMENT

12 12

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 Placer

On 02/02/2022 before me, Nicole Usachev, Notary Public
(insert name and title of the officer)

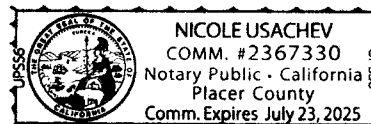
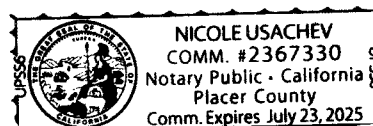
personally appeared Richard M. Williams
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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 [Signature]

(Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3-96-01

007506

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (GIVEN) Darla		2 MIDDLE Faith	
3 LAST (FAMILY) Williams			
4 DATE OF BIRTH MM/DD/CCYY 05/28/1941		5 AGE YRS 55	
6 SEX F		7 DATE OF DEATH MM/DD/CCYY 11/06/1996	
8 HOUR 0500			
9 STATE OF BIRTH CH		10 SOCIAL SECURITY NO 284-38-4248	
11 MILITARY SERVICE 19 TO 19 NONE		12 MARITAL STATUS Married	
13 EDUCATION—YEARS COMPLETED 16			
14 RACE White		15 HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16 USUFL EMPLOYER Long Beach School District		17 OCCUPATION Teacher	
18 NO OF BUSINESS Education		19 YEARS IN OCCUPATION 6	
20 RESIDENCE—STREET AND NUMBER OR LOCATION 2557 Glen Isle Ave.			
21 CITY Pleasanton		22 COUNTY Alameda	
23 ZIP CODE 94588		24 YRS IN COUNTY 6	
25 STATE OR FOREIGN COUNTRY CA			
26 NAME RELATIONSHIP Richard M. Williams - husband		27 MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2557 Glen Isle Ave., Pleasanton, CA 94588	
28 NAME OF SURVIVING SPOUSE—FIRST Richard		29 MIDDLE McArthur	
30 LAST (MAIDEN NAME) Williams			
31 NAME OF FATHER—FIRST James		32 MIDDLE C.	
33 LAST Hull		34 BIRTH STATE OH	
35 NAME OF MOTHER—FIRST Ethel		36 MIDDLE Luella	
37 LAST (MAIDEN) Braun		38 BIRTH STATE OH	
39 DATE MM/DD/CCYY 11/09/1996		40 PLACE OF FINAL DISPOSITION RES of Richard M. Williams, 2557 Glen Isle Ave., Pleasanton, CA 94588	
41 TYPE OF DISPOSITION CR/RES		42 SIGNATURE OF EMBALMER <i>Bandy Brien</i>	
43 LICENSE NO. 6703			
44 NAME OF FUNERAL DIRECTOR Graham-Hitch Mortuary		45 LICENSE NO. FD429	
46 SIGNATURE OF LOCAL REGISTRAR <i>Patrick O'Connell</i>		47 DATE MM/DD/CCYY 11/08/1996	
101 PLACE OF DEATH Own residence		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> COA	
103 FACILITY OTHER THAN HOSPITAL CONV. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER <input type="checkbox"/>		104 COUNTY Alameda	
105 STREET ADDRESS—STREET AND NUMBER OR LOCATION 2557 Glen Isle Ave.		106 CITY Pleasanton	
107 DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Metastatic carcinoma of breast		108 DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
109 BOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110 AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111 USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN "EM 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. DECEDENT ATTENDED SINCE: MM/DD/CCYY 10/17/1996 DECEDENT LAST SEEN ALIVE: MM/DD/CCYY 11/03/1996		115 SIGNATURE AND TITLE OF CERTIFIER <i>Chau Dang, M. D.</i>	
116 LICENSE NO. G41112		117 DATE MM/DD/CCYY 11/08/1996	
118 THE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 5575 West Las Positas Blvd. #270, Pleasanton, CA 94588			
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120 INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
121 INJURY DATE MM/DD/CCYY		122 HOUR	
123 PLACE OF INJURY		124 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125 LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
126 SIGNATURE OF CORONER OR DEPUTY CORONER		127 DATE MM/DD/CCYY	
128 TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

STATE REGISTRAR
748633CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

APR 13 1998

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER