

2022-011297

Klamath County, Oregon



00306279202200112970090093

09/19/2022 11:35:25 AM

Fee: \$122.00

After recording, return to:

Douglas S. Fredricks
Haugeberg, Rueter et al.
PO Box 480
McMinnville, OR 97128

Send Tax Statements to:

Michael De Rosa
1040 Foxenwood Dr.
Santa Maria, CA 93455

TRUSTEE'S DEED

KNOW ALL MEN BY THESE PRESENTS, that **Michael De Rosa, successor Trustee of the Mathena Family Trust under agreement dated April 21, 1993**, including any attachments thereto (see attached and incorporated as Exhibit "A" copy of Grantor's Certification of Trust and Certificate of Incumbency of Trustee), hereinafter called "Grantor", for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto **Michael De Rosa**, hereinafter called "Grantee", all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in Klamath County, State of Oregon, and described as follows:


LOT 18, BLOCK 45, FIRST ADDITION TO KLAMATH FOREST
ESTATES AS RECORDED IN KLAMATH COUNTY, OREGON.

Parcel No.: R-3510-027C0-01500-000
Account No.: R270502

TO HAVE AND TO HOLD the same unto said Grantee and Grantee's successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$-0-. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration. This conveyance is made pursuant to the terms and provisions of the Mathena Family Trust under agreement dated April 21, 1993.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300 (Definitions for ORS 195.300 to 195.336), 195.301 (Legislative findings) AND 195.305 (Compensation for restriction of use of real property due to land use regulation) TO 195.336 (Compensation and Conservation Fund) 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

 Angelica Garibay-Noriega,
Notary Public

Notary Public for California

CERTIFICATION OF TRUST

TRUST NAME: MATHENA FAMILY TRUST
DATE OF TRUST: APRIL 21, 1993
TRUSTOR: CLARA MATHENA (Deceased 12/1/2021)
TRUSTEE: MICHAEL DE ROSA
TRUST'S MAILING ADDRESS: 1040 Foxenwood Dr., Santa Maria, CA 93455
TRUST TAXPAYER IDENTIFICATION NO: 88-6677003

If there are multiple currently acting Trustees, designate how many are required to sign in order to exercise trust powers: n/a

THE ABOVE TRUST IS IRREVOCABLE.

THE ABOVE TRUST CANNOT BE MODIFIED OR AMENDED.

THE ABOVE TRUST IS IN EXISTENCE AT THIS TIME AND HAS NOT BEEN REVOKED, MODIFIED OR AMENDED IN ANY MANNER THAT WOULD CAUSE THE REPRESENTATIONS CONTAINED IN THIS CERTIFICATION TO BE INCORRECT.

THE TRUST POWERS INCLUDE AT LEAST ALL OF THOSE TRUST POWERS CONTAINED IN THE OREGON UNIFORM TRUST CODE AS SET FORTH IN ORS 130.650 TO 130.730.

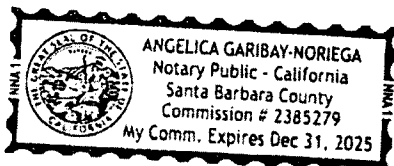
TITLE TO TRUST ASSETS SHOULD BE TAKEN AS FOLLOWS: "**Michael De Rosa, Trustees of the Mathena Family Trust under agreement dated April 21, 1993**".

DATED: August 31, 2022.

Michael De Rosa, Trustee
Michael De Rosa, Trustee

STATE OF CALIFORNIA)
) ss.
County of Santa Barbara)

This record was acknowledged before me on Aug 31st 2022, by **Michael De Rosa, Trustee of the Mathena Family Trust**



Angelica Garibay-Noriega
Notary Public
Notary Public for California

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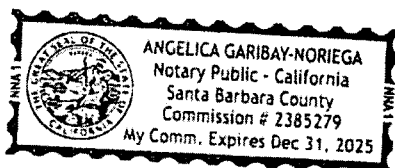
TITLE TO TRUST ASSETS SHOULD BE TAKEN AS FOLLOWS: "Michael De Rosa, Trustees of the Mathena Family Trust under agreement dated April 21, 1993".

DATED: August 31, 2022.

Michael De Rosa, Trustee
Michael De Rosa, Trustee

STATE OF CALIFORNIA)
) ss.
County of Santa Barbara)

This record was acknowledged before me on Aug 31st, 2022, by **Michael De Rosa, Trustee of the Mathena Family Trust**



Angelica Garibay-Noriega
Notary Public
Notary Public for California

**CERTIFICATE OF INCUMBENCY OF TRUSTEE
of the MATHENA FAMILY TRUST
dated April 21, 1993**

I hereby certify that:

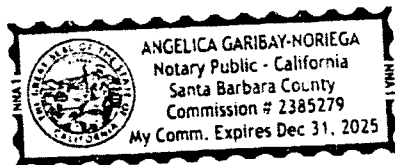
1. The **Mathena Family Trust** was established by an agreement dated April 21, 1993, between **Clara Mathena** as "Trustor" and "Trustee" (the "Trust Agreement").
2. Trustor and initial Trustee, **Clara Mathena** died on December 1, 2021; a copy of her death certificate is attached hereto.
3. The Trust Agreement provides that in the event Clara Mathena dies, resigns, or becomes incapacitated, then **Michael De Rosa** shall succeed as successor Trustee.
4. Attached to this Certificate are copies of the first, seventh, and twenty sixth pages of said Trust Agreement, containing a copy of paragraph 8.1, which sets forth the provision showing that **Michael De Rosa** is designated as successor Trustee.
5. As successor Trustee, **Michael De Rosa** was not appointed by a court and is not required to be appointed by a court under Oregon Law.
6. By the signature below, **Michael De Rosa** does hereby consent to serve as successor Trustee of the Mathena Family Trust and accepts the position as successor Trustee.

DATED: August 31, 2022, 2022.

Michael De Rosa Trustee
Michael De Rosa, Trustee

STATE OF CALIFORNIA)
) ss.
County of Santa Barbara)

Personally appeared before me on Aug 31st, 2022, the above-named **Michael De Rosa, Trustee of the Mathena Family Trust**, and acknowledged the foregoing instrument to be his voluntary act and deed. *an*



Angelica Garibay-Noriega
Notary Public
Notary Public for California

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

3052021298676

CERTIFICATE OF DEATH

3202142003461

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
CLARA		MATHENA	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
E.		02/04/1925	
5. AGE Yrs.		6. SEX	
96		F	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
CA		571-30-4335	
9. BIRTH DATE mm/dd/yyyy		10. MARITAL STATUS (at Time of Death)	
12/01/2021		WIDOWED	
11. HOURS 24 Hours		12. HOURS 24 Hours	
2135		2135	
13. EDUCATION - Highest Level (Degree)		14. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back)	
HS GRADUATE		WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
CUSTOMER SERVICE REPRESENTATIVE		UTILITIES	
17. YEARS IN OCCUPATION		18. YEARS IN OCCUPATION	
31		31	
19. DECEDENT'S RESIDENCE (Street and number, or location)		20. YEARS IN COUNTY	
505 B TIFFANY DR.		62	
21. CITY		22. STATE/FOREIGN COUNTRY	
SANTA MARIA		CA	
23. INFORMANT'S NAME, RELATIONSHIP		24. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state, and zip)	
MICHAEL L. DEROSA, SON		1040 FOXENWOOD DR., SANTA MARIA, CA 93455	
25. NAME OF SURVIVING SPOUSE/SPOUSE-DECEASED		26. LAST BIRTH NAME	
-		-	
27. NAME OF FATHER/PARENT-FIRST		28. LAST BIRTH NAME	
JOHN		ROSA	
29. NAME OF MOTHER/PARENT-FIRST		30. LAST BIRTH NAME	
ANNA		MACHADO	
31. DATE OF DEATH mm/dd/yyyy		32. PLACE OF FINAL DISPOSITION	
12/09/2021		SANTA MARIA CEMETERY	
33. TYPE OF DISPOSITION		34. SIGNATURE OF EMBALMER	
BURIAL		CLARENCE EUGENE REDDEN	
35. NAME OF FUNERAL ESTABLISHMENT		36. SIGNATURE OF LOCAL REGISTRAR	
DUDLEY HOFFMAN MORTUARY		HENNING ANSORG, MD	
37. LICENSE NUMBER		38. DATE mm/dd/yyyy	
FD56		12/08/2021	
39. PLACE OF DEATH		40. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		IF <input type="checkbox"/> HOSPITAL, SPECIFY ONE	
141. COUNTY		142. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SANTA BARBARA		505 B TIFFANY DR.	
143. CAUSE OF DEATH		144. CITY	
IMMEDIATE CAUSE (First cause or condition resulting in death)		SANTA MARIA	
(a) MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF FEMALE BREAST		145. TIME ELAPSED BETWEEN DEATH AND DEATH REPORTED TO CORONER	
(b) SEQUELAE, NOT CONDITIONS, IF ANY, RESULTING IN CAUSE (a)		YEARS	
(c) UNDERLYING CAUSE (Immediate or injury that initiated the events resulting in death)		146. BODILY PERFORMED?	
NONE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
147. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 147		148. BODILY PERFORMED?	
NONE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
149. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 147 OR 148? (If yes, list type of operation and date)		149. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
150. SIGNATURE OF PHYSICIAN		151. SIGNATURE AND TITLE OF CORONER	
EDWARD PAUL JARDINI, MD		HENNING ANSORG, M.D.	
152. TYPE AFTER DEATH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		153. LICENSE NUMBER	
EDWARD PAUL JARDINI, MD		G60166	
154. DATE mm/dd/yyyy		155. DATE mm/dd/yyyy	
10/08/2021		12/06/2021	
156. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE EACH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED ABOVE AND CAUSE ENTERED		157. SIGNATURE OF CORONER / DEPUTY CORONER	
158. MANNER OF DEATH		159. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		HENNING ANSORG, M.D.	
160. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		161. SIGNATURE OF CORONER / DEPUTY CORONER	
162. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		163. DATE mm/dd/yyyy	
164. LOCATION OF INJURY (Street and number, or location, and city, and zip)		165. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
166. SIGNATURE OF CORONER / DEPUTY CORONER		167. DATE mm/dd/yyyy	
168. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		169. SIGNATURE OF CORONER / DEPUTY CORONER	
HENNING ANSORG, M.D.		HENNING ANSORG, M.D.	
170. STATE REGISTRAR		171. FAX AUTH.	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

* 000595065 *

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARADEC 10 2021
DATE ISSUED

Ansorg MD

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

HENNING ANSORG, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Owens and Owens
ATTORNEYS AT LAW
426 North "A" Street, Suite H
Oxnard, California 93030
805 / 483-1090

Mathena Family Trust
Intervivos "Living" Trust

REVOCABLE/AMENDABLE TRUST AGREEMENT

1. DECLARATION:

The Settlor

1.1. This Trust Agreement is made 4-21, 1993, by Clara Mathena, (hereinafter referred to as "Settlor") of Santa Barbara County, State of California.

Name of the Trust

1.2. The Name of this Trust is the Mathena Family Trust. The Trusts created in this Trust Instrument may be referred to collectively as the Mathena Family Trust, and each separate Trust created in this Trust Instrument may be referred to by adding or using the name of that separate Trust, (i.e. the Mathena Family Trust or the Mathena Family Remainder Trust).

Governing Law

1.3. This Trust Instrument is executed by the Settlor in the State of California. The validity of this Trust and the construction of its beneficial provisions shall be governed by the laws of the State of California in force from time to time. This article shall apply regardless of any change of residence of the Settlor, of the Trustee, or any Beneficiary, or the appointment or substitution of a Trustee residing or doing business in another state. Notwithstanding the foregoing, the validity and construction of this Trust in relation to any real property located in a jurisdiction outside the State of California shall be determined under the laws of such jurisdiction.

Trust Not Subject to the Probate Court

1.4. It is the intention of the Settlor not to have the confidentiality of this Trust Instrument breached by the intervention of the probate court. Accordingly, California Probate Code Sections 1138-1138.13, or any successor or substitute provisions of that code, authorizing optional probate court jurisdiction over living trusts, hereby are made inapplicable to the Trusts created herein.

7. THE TRUST ESTATE:

Undistributed Property of the Mathena Family Trust

7.1. To the extent that the Settlor shall not have effectively disposed of all of the property or assets of the Trust Estate of the Mathena Family Trust, the remaining Trust assets or properties shall be received by the Trustee on behalf of the Beneficiaries the Remainder Trust, as a gift from the Settlor to the Designated Beneficiaries under the Unified Gift and Estate Tax Provisions of the Economic Recovery Act of 1981 (or any subsequent acts or amendments), to be thereafter held, administered, and distributed as a part of the Remainder Trust.

Ownership Designation

7.2. The title or ownership designation of the assets held as a part of the Remainder Trust shall continue to be held in the name of the Mathena Family Trust but shall be listed on a separate schedule, hereinafter referred to as Schedule B/Remainder Trust property.

* * * * *

8. APPOINTMENT OF TRUSTEES:

Successor Trustees

8.1. Until the property or assets of the Remainder Trust shall have been distributed to the Beneficiaries as provided herein, the following shall serve in succession as Trustees of this Remainder Trust.

Michael DeRosa

Michael Preston DeRosa

Tammy Ann DeRosa

8.2. All rights, powers, duties, authorities and discretions conferred on the original Trustee shall vest in all Successor Trustees appointed herein.

.

10.82. Waiver. I have read and had explained to me the provisions of this Trust Agreement, and have had explained to me my rights to the statutory elective share of my estate, and do hereby waive those rights and accept in lieu thereof the provisions of this Trust Agreement. I fully understand that I, by this Trust Agreement, dispose of all of my property now owned or hereafter acquired. Being fully satisfied with its provisions, I hereby elect to accept and acquiesce in the provisions of this Trust Agreement and waive all other claims that I may have upon any of the property disposed of by this Trust Agreement. This waiver is not a transfer or release of my rights, title or estate in any of our property now owned or hereafter to be acquired, is revocable by written instrument executed by me, and it shall be effective and valid for any purpose only after death.

* * * * *

DECLARATION OF TRUST

Execution of Agreement

I, Clara Mathena, the Settlor, sign my name to this Declaration of Trust, and being first duly sworn, do declare to the undersigned authority, that I sign and execute this Trust Instrument as my free and voluntary act for the purposes expressed in it; that I sign it willingly; that I am 18 years of age or older, of sound mind, and under no constraint, duress or undue influence. I so declare on oath and under penalty of perjury.

Executed on 4-21-, 1993.

Signed: Clara Mathena
Clara Mathena Settlor

ACKNOWLEDGMENT

State of California

County of Santa Barbara

On 4-21, 1993, before me, Phillip N. Toomey, a notary public for the State of California, personally appeared Clara Mathena, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Phillip N. Toomey (Seal)

