

2023-007435

Klamath County, Oregon

08/29/2023 12:34:01 PM

Fee: \$102.00

Grantor Name and Address:

ROBIN J. SMITH, PH.D., TRUSTEE
P.O. BOX 2040
LOMPOC, CA 93438

Grantee Name and Address:

ROBIN J. SMITH, PH.D., TRUSTEE
P.O. BOX 2040
LOMPOC, CA 93438

After recording, return to:

SHARON MARTINEZ
LAW OFFICE
621 E. OCEAN AVENUE, SUITE A
LOMPOC, CA 93436

Until requested otherwise, send all tax statements to:

ROBIN J. SMITH, PH.D., TRUSTEE
P.O. BOX 2040
LOMPOC, CA 93438

QUITCLAIM DEED

ROBIN J. SMITH, PH.D., SUCCESSOR TRUSTEE, under the CONWELL & BARBARA NEWTON TRUST dated February 1, 1993, whose address is P.O. Box 2040, Lompoc, CA 93438 (referred to herein as "Grantor"), hereby releases and quitclaims to ROBIN J. SMITH, PH.D., TRUSTEE, or any successors in trust, under the CONWELL & BARBARA NEWTON TRUST dated February 1, 1993 and any amendments thereto, whose address is P.O. Box 2040, Lompoc, CA 93438 (referred to herein as "Grantee"), all of Grantor's interest in and to the following described real property located in Klamath County, Oregon:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF

EXCEPTIONS of record on file with the County of Klamath, Oregon.

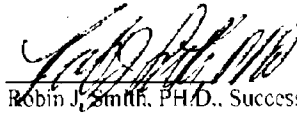
The true consideration for this conveyance is: NONE

Dated: 7/25/2023

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 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.

GRANTOR:

CONWELL & BARBARA NEWTON TRUST dated
February 1, 1993



Robin J. Smith, PH.D., Successor Trustee

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.

ACKNOWLEDGMENT

State of California
County of Santa Barbara

On July 25, 2023 before me, Nicole Aclani Frias, notary public, personally appeared Robin J. Smith, 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 Nicole Aclani Frias (Seal)

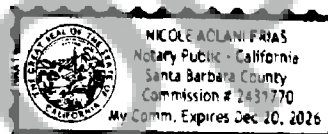


EXHIBIT A

Legal Description

The following described real property in the County of Klamath, State of Oregon:

Oregon Pines, Block 29, Lot 1.

The parties herein confirm and agree by their signatures above and/or acceptance of this document that the preparer of this document has not advised the parties on the propriety or suitability of the conveyance; has been engaged solely for the purpose of preparing this instrument; has prepared the instrument only from information given to preparer by the parties and/or their representatives; has not verified the accuracy of the consideration stated to have been paid or upon which any tax may have been calculated; has not verified the legal existence or authority of any party or person executing the document; has not been requested to provide nor has preparer provided a title search, an examination of title or legal description, an opinion on title, legal review or advice of any sort, or advice on property taxes, reassessments, other taxes or the tax, legal or non-legal consequences that may arise from the conveyance; and that they agree to hold harmless, indemnify and defend the preparer from and against any and all losses, liabilities, claims, demands, actions, suits, proceedings, and costs of every nature arising therefrom. The parties herein further agree at any time, and from time to time, to cooperate, adjust, initial, execute, re-execute and re-deliver such further deeds and documents, correct any defect, error or omission and do any and all such further things as may be necessary to implement and carry out the intent of the parties in making this conveyance. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF PUBLIC HEALTH

3052022101967

CERTIFICATE OF DEATH

3202219022821

[illegible]

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

* 003415675 *

MAY -3 2022

Health Officer and Registrar DATE ISSUED

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052022132209		CERTIFICATE OF DEATH		3202219029617	
STATE OF CALIFORNIA		STATE OF CALIFORNIA		LOCAL REGISTRAR NUMBER	
1. NAME OF DECEASED (FIRST, MIDDLE, LAST) BARBARA		2. MIDDLE NEWTON		3. LAST (NAME)	
4. DATE OF BIRTH (month/day/year) 01/27/1936		5. AGE YRS. 86		6. SEX F	
7. BIRTH IN STATE OR OTHER COUNTRY IL		8. SOCIAL SECURITY NUMBER [REDACTED]		9. MARITAL STATUS (at time of death) WIDOWED	
10. EDUCATION (highest level completed) PROFESSIONAL		11. WAS DECEASED HISPANIC/LATINO/SPANISH? (yes or no) NO		12. DECEASED'S RACE (US to 3 race; then OK, if not listed elsewhere on form) CAUCASIAN	
13. USUAL OCCUPATION (type of work for most of life; DO NOT USE "RETIRED") DOCTOR		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) MEDICAL		15. YEARS IN OCCUPATION 30	
16. DECEASED'S RESIDENCE (street and number, or location) 8455 FOUNTAIN AVE UNIT 723					
17. CITY WEST HOLLYWOOD		18. COUNTY (PINCODE) LOS ANGELES		19. ZIP CODE 90069	
20. DECEASED'S NAME, RELATIONSHIP PATRICIA NAHRING, DPOA		21. DECEASED'S ADDRESS (street and number, or location; if not known, give nearest street) 5522 W 119TH STREET, INGLEWOOD, CA 90304			
22. NAME OF SURVIVING SPOUSE/SPouse-First FRANCES		23. MIDDLE NEWTON		24. LAST (BIRTH NAME) NEWTON	
25. NAME OF FATHER/PARENT-FIRST JOSEPH		26. MIDDLE ZIENTEK		27. LAST (BIRTH NAME) NEWTON	
28. NAME OF MOTHER/PARENT-FIRST FRANCES		29. MIDDLE WAWRZYNIAC		30. LAST (BIRTH NAME) NEWTON	
31. DEPOSITION DATE (month/day/year) 06/17/2022		32. PLACE OF FINAL DEPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518			
33. TYPE OF DEPOSITION (S) CREMATE/BURIAL		34. SIGNATURE OF EMBALMER [REDACTED]		35. LICENSE NUMBER [REDACTED]	
36. NAME OF FUNERAL ESTABLISHMENT LA CREMATION		37. LICENSE NUMBER FD1491		38. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
39. DATE (month/day/year) 06/07/2022		40. DATE (month/day/year) 06/07/2022			
41. PLACE OF DEATH CECILIUS SINAI MEDICAL CENTER		42. CITY LOS ANGELES		43. COUNTY LOS ANGELES	
44. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number, or location) 8700 BEVERLY BOULEVARD		45. CITY LOS ANGELES			
46. CAUSE OF DEATH HYPOXIC RESPIRATORY FAILURE		47. DAYS 1			
48. PNEUMONIA NO		49. WKS 0			
50. NO		51. YES			
52. NO		53. YES			
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