

**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.

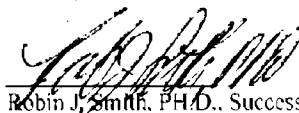
The true consideration for this conveyance is: NONE

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.

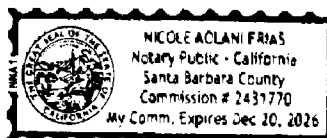
ACKNOWLEDGMENT

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.*

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES

#### DEPARTMENT OF PUBLIC HEALTH

3052022101967		CERTIFICATE OF DEATH		3202219022821	
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES OR CORRECTIONS YES - PREVIOUS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CONWELL				NEWTON	
4. DATE OF BIRTH - month/day/year					
04/11/1926		5. AGE Yrs		95	
6. SEX					
M					
7. DATE OF DEATH - month/day/year					
04/05/2022		8. HOUR - 01-24		0945	
9. DECEASED'S RACE - List in 3 fields may be ASIAN, HAWAIIAN, ISLANDER, or other					
BLACK					
10. DECEASED'S PLACE OF BIRTH - List in 3 fields may be ASIAN, HAWAIIAN, ISLANDER, or other					
BLACK					
11. EVER IN U.S. ARMED FORCES?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
12. MARITAL STATUS (at time of death)					
MARRIED					
13. EDUCATION - highest grade completed					
DOCTORATE					
14. TYPE OF WORK OR BUSINESS (at time of death)					
PHYSICIAN					
15. KIND OF BUSINESS OR INDUSTRY (e.g., factory, store, bank, construction, employment agency, etc.)					
HEALTH CARE					
16. YEARS IN OCCUPATION					
45					
17. DECEASED'S RESIDENCE (street and number or location)					
8455 FOUNTAIN AVE UNIT 723					
18. CITY					
WEST HOLLYWOOD					
19. COUNTY					
LOS ANGELES					
20. ZIP CODE					
90069					
21. YEARS IN COUNTY					
70					
22. STATE/FOREIGN COUNTRY					
CA					
23. DECEASED'S MARRIAGE RELATIONSHIP					
BARBARA NEWTON, SPOUSE					
24. NAME OF SURVIVING SPOUSE (if not a first)					
BARBARA					
25. NAME OF SURVIVING SPOUSE (if not a first)					
OLIVER					
26. NAME OF SURVIVING SPOUSE (if not a first)					
EDNA					
27. NAME OF SURVIVING SPOUSE (if not a first)					
DANGLER					
28. DATE OF DEATH - month/day/year					
05/17/2022					
29. PLACE OF FINAL DISPOSITION					
RIVERSIDE NATIONAL CEMETERY					
22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518					
30. TYPE OF DISPOSITION					
BURIAL					
31. NAME OF FUNERAL ESTABLISHMENT					
FOREST LAWN MEMR PRKS & MTYS					
32. LICENSE NUMBER					
EMB9654					
33. SIGNATURE OF LOCAL REGISTRAR					
FD904					
34. SIGNATURE OF LOCAL REGISTRAR					
MUNTU DAVIS MD					
35. DATE					
04/28/2022					
36. PLACE OF DEATH					
RESIDENCE					
37. COUNTY					
LOS ANGELES					
38. FACILITY ADDRESS OR LOCATION (street and number or location)					
8455 FOUNTAIN AVE UNIT 723					
39. CITY					
WEST HOLLYWOOD					
40. CAUSE OF DEATH					
IMMEDIATE CAUSE - CARDIAC ARREST					
41. UNDERLYING CAUSE - ALZHEIMER'S DISEASE					
42. OTHER CAUSE OF DEATH					
NONE					
43. I HAVE REVIEWED THE ABOVE INFORMATION AND IT IS TRUE AND CORRECT					
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181. I HAVE REVIEWED THE ABOVE INFORMATION AND IT IS TRUE AND COR					

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES

#### DEPARTMENT OF PUBLIC HEALTH

3052022132209		CERTIFICATE OF DEATH		3202219029617	
STATE OF CALIFORNIA		COUNTY OF LOS ANGELES		LOCAL REGISTRAR/NOTARIAL	
1. NAME OF DECEASED (PRINT NAME) BARBARA		2. MIDDLE NEWTON		3. LAST NAME NEWTON	
4. DATE OF BIRTH (mm/dd/yyyy) 01/27/1936		5. AGE YRS. 86		6. SEX F	
7. BIRTH IN STATE OR FOREIGN COUNTRY IL		8. SOCIAL SECURITY NUMBER [REDACTED]		9. MARITAL STATUS (GROUP) (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 18 TITLE 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/PRINCIPALITY LOS ANGELES		19. ZIP CODE 90069	
20. DECEASED'S NAME, if different from 1 PATRICIA NAHRING, DPOA		21. 100% HANDED, VALID, AND ACTIVE (DO NOT SIGN IF YOU HAVE POWER OF ATTORNEY, POWER OF ATTORNEY, OR OTHER DOCUMENTS)			
22. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST FRANCES		23. MIDDLE ZIENTEK		24. LAST (BIRTH NAME) WAWRZYNIEC	
25. NAME OF FATHER/PARENT-FIRST JOSEPH		26. MIDDLE ZIENTEK		27. LAST (BIRTH NAME) WAWRZYNIEC	
28. NAME OF MOTHER/PARENT-FIRST FRANCES		29. MIDDLE WAWRZYNIEC		30. LAST (BIRTH NAME) WAWRZYNIEC	
31. DEPOSITION DATE (mm/dd/yyyy) 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 NOT EMBALMED		35. LICENSE NUMBER -	
36. NAME OF FUNERAL ESTABLISHMENT LA CREMATION		37. LICENSE NUMBER FD1491		38. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
39. DATE (mm/dd/yyyy) 06/07/2022					
40. PLACE OF DEATH CEDARS-SINAI MEDICAL CENTER		41. HOSPITAL TYPE (LINE) H		42. IF OTHER THAN HOSPITAL, GIVE TYPE OF PLACE Nursing Home, Hospice, etc.	
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 HYPOTIC RESPIRATORY FAILURE		47. IMMEDIATE CAUSE PNEUMONIA		48. DAYS 1	
49. MEDICAL HISTORY PNEUMONIA		50. WKS 1		51. MONTHS PERFORMED NO	
52. CAUSE OF DEATH PNEUMONIA		53. DAYS 1		54. MONTHS PERFORMED NO	
55. CAUSE OF DEATH PNEUMONIA		56. DAYS 1		57. MONTHS PERFORMED NO	
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502. CAUSE OF DEATH PNEUMONIA		503. DAYS 1		504. MONTHS PERFORMED NO	
505. CAUSE OF DEATH PNEUMONIA		506. DAYS 1		507. MONTHS PERFORMED NO</	