

2023-008566

Klamath County, Oregon



00320560202300085660040040

10/02/2023 01:53:39 PM

Fee: \$97.00

After recording, return to:  
Matthew G. Matrisciano  
160 NW Irving Ave., Ste 101  
Bend, OR 97703

Until a change is requested, send tax statements to:  
Donald Richard Speciale  
P O Box 905  
San Martin, CA 95046

Donald Richard Speciale, Personal Representative,  
Estate of Joseph Donald Speciale, Grantor  
Donald Richard Speciale and Richard Joseph Speciale, Grantees

#### DEED OF PERSONAL REPRESENTATIVE

This indenture, by and between Donald Richard Speciale, the personal representative named in the estate of Joseph Donald Speciale, deceased, hereinafter called grantor, and Donald Richard Speciale and Richard Joseph Speciale as tenants in common, hereinafter called grantee; WITNESSETH:

For the value received and consideration hereinafter stated, grantor has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto grantee and grantee's heirs, successors and assigns, all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in **Klamath** County, Oregon described as follows:

#### Parcel 1 of Land Partition 66-93

To have and to hold the same unto grantee, and grantee's heirs, successors-in-interest and assigns forever.

The true consideration for this conveyance is \$ None (Estate distribution).

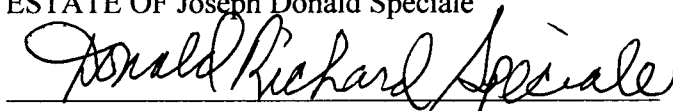
In construing this instrument, where the context requires, the singular includes the plural and all grammatical changes shall be made so that this instrument shall apply equally to businesses or other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument; any signature on behalf of a business or other entity is made with the authority of that entity.

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.

dated 9-7, 2023

ESTATE OF Joseph Donald Speciale

A handwritten signature in black ink that reads "Donald Richard Speciale". The signature is written in a cursive style with a horizontal line underneath it.

Donald Richard Speciale, Personal Representative,  
Grantor

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 Santa Clara

On September 7, 2023, before me, Sapna Shah,  
a Notary Public, personally appeared Donald Richard Speciale, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.



Notary Public Signature    Notary Public Seal



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

3052020266995

## CERTIFICATE OF DEATH

3202043010465

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Surname)	
ANGELINA		SPECIALE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
LOUISE		06/25/1925	
5. AGE Yrs.		6. SEX	
95		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
11/19/2020		0937	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
[X] YES [ ] NO		MARRIED	
13. EDUCATION - Highest Level/Type		14. WAS DECEDENT HISpanic/Latino/Hispanic?	
HS GRADUATE		[X] YES [ ] NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HOMEMAKER		CAUCASIAN	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
OWN HOME		72	
19. DECEDENT'S RESIDENCE (Street and number, or location)			
3355 MCKINLEY DRIVE			
20. CITY		21. COUNTY/PROVINCE	
SANTA CLARA		SANTA CLARA	
22. ZIP CODE		23. YEARS IN COUNTY	
95051		95	
24. STATE/FOREIGN COUNTRY		25. YEARS IN COUNTRY	
CA		95	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
JOSEPH DONALD SPECIALE, HUSBAND		3355 MCKINLEY DRIVE, SANTA CLARA, CA 95051	
28. NAME OF SURVIVING SPOUSE/RENT - FIRST		29. MIDDLE	
JOSEPH		DONALD	
30. LAST (BIRTH NAME)		31. LAST	
SPECIALE		RIZIO	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE	
ANTHONY		-	
34. NAME OF MOTHER/PARENT - FIRST		35. MIDDLE	
LIBERITA		-	
36. LAST (BIRTH NAME)		37. LAST (BIRTH NAME)	
UNKNOWN		UNKNOWN	
38. BIRTH STATE		39. BIRTH STATE	
CA		CA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION	
SANTA CLARA MISSION CEMETERY		BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
NATASHA TYREE		EMB9569	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
LIMA FAMILY SANTA CLARA MORTUARY		FD93	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
SARA H CODY, MD		11/25/2020	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
BELLEROSE SENIOR LIVING		[ ] IP [ ] SNOP [ ] DCA [ ] Hospice [X] Home [ ] Other	
103. COUNTY		104. CITY	
SANTA CLARA		SAN JOSE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CAUSE OF DEATH	
100 BELLEROSE DRIVE		107. CAUSE OF DEATH	
		108. BRAIN REPORTED TO CORONER?	
		[ ] YES [X] NO	
		109. BODY BY PERFORMED?	
		[ ] YES [X] NO	
		110. AUTOPSY PERFORMED?	
		[ ] YES [X] NO	
		111. USED IN DETECTING CAUSE?	
		[ ] YES [ ] NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
NONE		[ ] YES [X] NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent: Mailed Since Decedent Last Seen At or		SANDY TRIEU M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
SANDY TRIEU M.D.		11/25/2020	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		119. INJURED AT WORK?	
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending [ ] Could not be determined		[ ] YES [ ] NO [ ] UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. DESCRIBE HOW INJURY OCCURRED (Process which resulted in injury)		122. HOUR (24 Hours)	
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. DATE mm/dd/yyyy	
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	
A B C D E		010001004733616	

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SSDATE ISSUED  
By 12/02/2020

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

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

PRNCO (Rev) 6/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

