

2023-010911

Klamath County, Oregon



00323330202300109110110113

12/21/2023 01:27:37 PM

Fee: \$132.00

Returned at Counter

AFTER RECORDING RETURN TO:

Nathan J. Ratliff  
Parks & Ratliff, P.C.  
620 Main Street  
Klamath Falls, OR 97601

GRANTOR'S NAME AND ADDRESS:

Carie Baca, fka Carie Burkey, Successor  
Trustee of the Suber Revocable Living Trust,  
uad 12-20-1993  
783 East Avenue K7  
Lancaster, CA 93535

GRANTEE'S NAME AND ADDRESS:

Virginia L. Rada  
12687 S.W. Hood View Pl.  
Terrebonne, OR 97760

SEND TAX STATEMENTS TO:

Virginia L. Rada  
12687 S. W. Hood View Pl.  
Terrebonne, OR 97760

**BARGAIN AND SALE DEED**

**CARIE BACA, fka CARIE BURKEY, SUCCESSOR TRUSTEE OF THE SUBER REVOCABLE LIVING TRUST, uad 12-20-1993**, hereinafter referred to as grantor, conveys to **VIRGINIA L. RADA**, hereinafter referred to as grantee, the following described real property situated in the County of Klamath State of Oregon, to-wit:

Lots 6 & 9, Block 93, BUENA VISTA ADDITION, in the County of Klamath, State of Oregon.

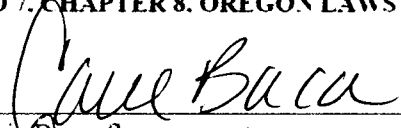
Account: 366311  
Map & Tax Lot: 3809-029CB-09000


The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration: i.e., for estate planning purposes.

IN WITNESS WHEREOF, the grantor has executed this instrument this 17 day of December, 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, SECTION 2 TO 9 AND 17, CHAPTER 855,  
OREGON LAWS 2009, AND SECTION 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

  
\_\_\_\_\_  
Carrie Baca, fka

  
\_\_\_\_\_  
Carrie Burkey, Successor Trustee of the  
Suber Revocable Living Trust, uad 12-20-1993

(See California Notarial Certification attached hereto and incorporated herein by reference.

## 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 LOS ANGELES )

On DECEMBER 18, 2023 before me, VITO SCATTAGLIA  
(insert name and title of the officer)

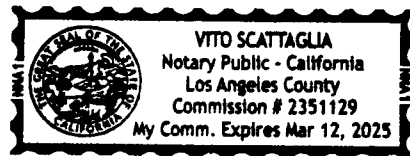
personally appeared CARIE BALA,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)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



## **CERTIFICATION OF TRUST**

### **CERTIFICATE OF TRUST**

**(ORS 130.860)**

**1. Date of Existence and Execution of Trust.**

*The trust was executed on December 20, 1993, and is currently in existence.*

**2. Trustors/Trustees.**

- a. The Trustors are: RICHARD E. SUBER and IVY D. SUBER
- b. The currently acting Trustee is: CARIE BACA, fka CARIE BURKEY

**3. Trust Powers.**

The powers of the Trustee are as follows:

The Trustee is empowered to do all things appropriate for the orderly administration of the trust subject to the Trustee's power and control, unless otherwise specifically provided herein. Without limiting this general power, and without limitation of other powers hereby granted or otherwise possessed by the Trustee, including those specified in the Uniform Trustees' Powers Act in effect in Oregon as it may be amended from time to time, the Trustee shall have the following powers and discretion, which the Trustee shall exercise in such manner and upon such terms and conditions as the Trustee shall deem necessary, desirable or convenient:

A. In addition to all powers now or hereafter conferred by law, Trustor/Trustee shall have the power and authority to:

- 1. Manage, develop, improve, sell, convey, mortgage, partition, subdivide and change the character of any trust property; to dedicate to public use, abandon and otherwise dispose of any trust property, when, in the judgment of Trustors/Trustees, it is in the interests of the beneficiaries to do so; to enter into any lease as lessor or lessee for a term within or extending beyond the duration of the trust; to grant or take an option to purchase or lease; to borrow funds, with or without trust property as security, for such purposes as Trustor/Trustee shall deem advisable; to invest and reinvest principal and income in every kind of property, real and personal; to place trust assets in the hands of agents selected by Trustor/Trustee, in order to facilitate transactions and record keeping in connection with those assets and for safekeeping; to continue or participate in the operation of any business or other enterprise and to effect incorporation, dissolution or other changes in the form of the organization thereof; to give revocable or irrevocable general or specific proxies or authorizations for voting or acting with respect to securities, with or without power of substitution and discretionary or non-discretionary, including such authority to any protective or reorganization committee as the Trustee shall deem advisable; to effect distribution of property in kind or in money and in divided or undivided interests.

and to allocate property among shares and adjust resulting differences in valuations.

2. **Buy, sell and trade commodities, futures and securities of any nature, including short sales, on margin, and for such purposes maintain and operate margin accounts with brokers, and pledge any securities held or purchased by Trustor/Trustee with such brokers as security for loans and advances made to the trust: provided, such authority as herein granted by this sub-paragraph (2) for securities dealing other than those permitted a corporate Trustee by law shall apply only during such time as one or both Trustors are acting as Trustee.**

**B. Trustor/Trustee shall not be required to give any bond.**

**C. So long as both Trustors/Trustees live, Trustors/Trustees shall not register this trust pursuant to the provisions of the Uniform Probate Code and shall not reveal the terms of this instrument to any of the beneficiaries other than Trustors/Trustees unless they so desire.**

**D. After the death of the first Trustor/Trustee, no Successor Trustee named herein shall be permitted to exercise any right, power, duty or discretion which would cause the Trust property or any part thereof to be included in Trustor's estate under a general power of appointment as defined by the Internal Revenue Code or as defined by the laws of the State of Oregon. This shall not limit the rights, powers, duties or discretions of the surviving Trustor/Trustee with respect to the Trust.**

**E. While both Trustors/Trustees are acting in the capacity of a Trustee or a Co-trustee, assets currently held in one of both Trustors' names, or newly acquired assets, may be registered for Trust ownership in any of the following three forms:**

1. **In the names of both Trustors/Trustees, requiring the signatures of both Trustors/Trustees:**
2. **In the names of both Trustors/Trustees, but requiring the signature of only one Trustor/Trustee:**
3. **In the name of either Trustor/Trustee alone, requiring only the signature of that Trustor/Trustee.**

**Persons dealing with one or both Trustors/Trustees shall incur no liability for permitting or accepting registration in any one of these forms.**

**4. Mailing Address.**

**The mailing address of the Trustees is:  
783 East Avenue K7  
Lancaster, CA 93535**

5. **Revocability.**

The trust is irrevocable.

6. **Modification or Amendment.**

The trust may not be modified or amended.

7. **Trust Taxpayer Identification Number.**

The Trust's EIN is: 93-6963372

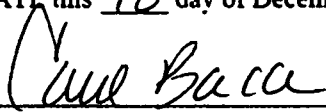

9. **Title to Trust Assets.**

Title to the Trust assets should be taken in the name of: **CARIE BACA, fka CARIE BURKEY, SUCCESSOR TRUSTEE OF THE SUBER REVOCABLE LIVING TRUST, uad 12-20-1993. .**

10. **Statement of Current Status.**

As of this date, the trust has not been revoked, modified or amended in any manner that would cause the representations contained in the Certification to be incorrect.

THE ABOVE IS CERTIFIED TO BE TRUE AND ACCURATE this 18 day of December, 2023.

  
\_\_\_\_\_  
Carrie Baca, fka  
  
\_\_\_\_\_  
Carrie Burkey, Successor Trustee of the  
Suber Revocable Living Trust,  
uad 12-20-1993

(See California Notarial Certification attached hereto and incorporated herein by reference.)

(The remainder of this page has intentionally been left blank; Declaration of Counsel appears on page 4.)

# CALIFORNIA JURAT CERTIFICATE

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 LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 18 day of DECEMBER  
2023, by CHARIE BART

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.

[Signature]  
Signature of Notary Public



(Notary Seal)

## OPTIONAL INFORMATION

*The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.*

### DESCRIPTION OF ATTACHED DOCUMENT

CERTIFICATION OF TRUST  
(Title of document)

Number of Pages 3 (Including jurat)

Document Date \_\_\_\_\_

\_\_\_\_\_  
(Additional Information)

### CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual  
☐ Corporate Officer  
☐ Partner  
☐ Attorney-In-Fact  
☐ Trustee  
☐ Other: \_\_\_\_\_

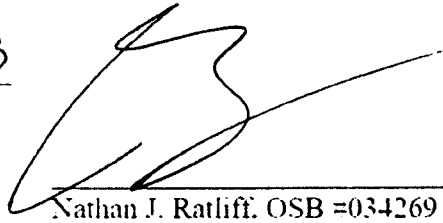
**DECLARATION OF COUNSEL**

I, NATHAN J. RATLIFF under penalty of perjury, hereby declare in:

1. I am an attorney at law, practicing with the firm of Parks & Ratliff, P.C., of 620 Main Street, Klamath Falls, Oregon 97601.
2. I have examined the Suber Revocable Living Trust, dated December 20, 1993 (the "Trust Agreement").
3. I prepared the within Certification of Trust at the behest of the Carrie Baca, fka Carrie Burkey, Successor Trustee, after determining that it was appropriate to do so under the terms and conditions of the Trust Agreement, and in accordance with Oregon law.

**I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.**

DATED: Dec 20, 2023

  
\_\_\_\_\_  
Nathan J. Ratliff, OSB #034269



# CERTIFICATION OF VITAL RECORD

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-005856

862382

I.D. TAG NO.

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date
	Richard		Edward	Suber			March 04, 2019
	Sex	Age		Social Security Number		County of Death	
	Male	96 years				Klamath	
	Birthdate	Birthplace				Was Decedent Ever in U.S. Armed Forces?	
	August 31, 1922	Wharton, Ohio				Yes	
	Residence				City/Town		
	323 Upham Street				Klamath Falls		
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?
	Klamath		Oregon		97601-2482		Yes
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		Ivy Della May					
Father's Name				Mother's Name Prior to First Marriage			
Charles O. Suber				Sarah Mann			
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Richard Edward Suber		Not Available		Self (During Life)		323 Upham Street, Klamath Falls, OR 97601-2482	
Place of Death		Facility Name					
Decedent's Residence - Hospice							
Location of Death		City/Town or Location of Death		State		Zip Code + 4	
323 Upham Street		Klamath Falls		Oregon		97601-2482	
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Cremation		Pyramid Cremations		Klamath Falls, Oregon			
Name and Complete Address of Funeral Facility							
Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601							
Date of Disposition		Funeral Director's Signature		Electronic Signature		OR License Number	
TBD		William F. Davenport				CO-3104	
Registrar's Signature		Date Received		Local File Number			
/S/ Jessica F Dale		March 06, 2019		19-059			
Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death
	No		No				0935
	CAUSE OF DEATH						Approximate Interval Onset to Death
	IMMEDIATE CAUSE - Multiple myeloma						7 years
	a. Due to (or as a consequence of) ↓						
	b. Due to (or as a consequence of) ↓						
	c. Due to (or as a consequence of) ↓						
	d. Due to (or as a consequence of) ↓						
	Other significant conditions contributing to death						
	Manner of Death		If Female		Did tobacco use contribute to death?		
Natural		Not Applicable		Probably			
Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
Location of Injury							
Describe how injury occurred		If transportation injury, specify.					
Name and Address of Certifier						Date Signed	
Gwen Patricia Smith 4745 S 6th Street, Klamath Falls, Oregon 97603						March 05, 2019	
Name and Title of Attending Physician if Other than Certifier						License Number	
						201703928NP-PP	
Medical Certifier		Title of Certifier		License Number			
/S/ Gwen Patricia Smith		N.P.		201703928NP-PP			
Amendment							



\*20230428268\*

45-2CC (01/06)

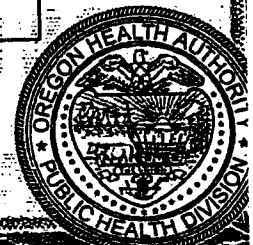
I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

April 24, 2023

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, P.D.  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

STATE FILE NUMBER 1052023040953

DECEDENT'S LEGAL NAME IVY DELLA SUBER				DATE OF DEATH NOVEMBER 29, 2023			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 82	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) JANUARY 29, 1941	BIRTHPLACE (State or Foreign Country) MISSOURI	
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL HOSPICE FACILITY				
Facility Name (If not institution, give street & number) JONI FAIR HOSPICE HOUSE			CITY, TOWN OR LOCATION OF DEATH PUEBLO		COUNTY OF DEATH PUEBLO		
RESIDENCE - STREET AND NUMBER 1111 BONFORTE BOULEVARD					APT. NO. 712	ZIP CODE 81001	
RESIDENCE STATE COLORADO			COUNTY PUEBLO		CITY OR TOWN PUEBLO		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CORRECTIONS OFFICER/RED CROSS INSTRUCTOR				KIND OF BUSINESS/INDUSTRY LAW ENFORCEMENT/RED CROSS		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White, NATIVE AMERICAN			
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH WIDOWED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) RICHARD SUBER				
FATHER'S NAME ALVIN D. MAY			MOTHER'S NAME PRIOR TO FIRST MARRIAGE EULA E. HENDRIX				
INFORMANT'S NAME DEBORAH SHAFFER			INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME ALTERNATIVE CREMATION			CITY AND STATE OF FUNERAL HOME COLORADO SPRINGS COLORADO			WAS CORONER NOTIFIED NO	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION AFFORDABLE CREMATORY		LOCATION - CITY, COUNTY, STATE COLORADO SPRINGS EL PASO COLORADO			
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 11:48 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) NOVEMBER 29, 2023		TIME PRONOUNCED DEAD 11:48 MIL	
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
<b>CAUSE OF DEATH</b>							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death. a. MODERATE PROTEIN CALORIE MALNUTRITION b. _____ c. _____ d. _____				Approximate Interval: Onset to death YEARS _____	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN ABNER FERNANDEZ MD 1920 VALLEY DRIVE PUEBLO CO 81007					DATE SIGNED DECEMBER 01, 2023		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED		
DATE FILED BY REGISTRAR DECEMBER 04, 2023							

DATE ISSUED

DECEMBER 04, 2023

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. ALEX QUINTANA  
STATE REGISTRAR



REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

4 2017 19 012739

## LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. FIRST NAME <b>CARIE</b>		1B. MIDDLE <b>LEE</b>	
1C. CURRENT LAST <b>BURKEY</b>		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) <b>BROOK</b>	
2. DATE OF BIRTH (MM/DD/YYYY) <b>02/28/1962</b>	3. STATE/COUNTRY OF BIRTH <b>CA</b>	4. PREV. MARRIAGES (SP) <b>1</b>	5A. LAST MARRIAGE (SP) ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER (SP) <input type="checkbox"/> NONE
6. ADDRESS <b>783 E. AVE K7</b>		7. CITY <b>LANCASTER</b>	8. STATE/COUNTRY <b>CA</b>
9A. FULL BIRTH NAME OF FATHER/PARENT <b>RICHARD CARL BROOK</b>		9B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
10A. FULL BIRTH NAME OF MOTHER/PARENT <b>IVY DELLA MAY</b>		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>MO</b>	
11A. FIRST NAME <b>RONNIE</b>		11B. MIDDLE <b>ALVIN</b>	
11C. CURRENT LAST <b>BACA</b>		11D. LAST NAME AT BIRTH (IF DIFFERENT THAN 11C) <b>BACA</b>	
12. DATE OF BIRTH (MM/DD/YYYY) <b>03/12/1961</b>	13. STATE/COUNTRY OF BIRTH <b>CA</b>	14. PREV. MARRIAGES (SP) <b>1</b>	15A. LAST MARRIAGE (SP) ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER (SP) <input type="checkbox"/> NONE
16. ADDRESS <b>35803 FRONTIER ST.</b>		17. CITY <b>YERMO</b>	18. STATE/COUNTRY <b>CA</b>
19A. FULL BIRTH NAME OF FATHER/PARENT <b>ABILTO GILBERT BACA</b>		19B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>NM</b>	
20A. FULL BIRTH NAME OF MOTHER/PARENT <b>BARBRA TORRES</b>		20B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>NM</b>	
21. THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 301 AND HEREBY APPLY FOR A LICENSE TO MARRY.			
22. SIGNATURE OF PERSON LISTED IN FIELD 1A-1D <i>Carie Burkey</i>			
23. SIGNATURE OF PERSON LISTED IN FIELD 11A-1D <i>Ronnie Baca</i>			
24. THE UNDERSIGNED DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT THE SIGNATURES OF THE PARTIES ARE FREELY GIVEN TO BE THE SIGNATURES OF THE PARTIES AND THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAWS OF THE STATE OF CALIFORNIA. THE PARTIES PROVIDE TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE SIGNATURES OF THE PARTIES. I HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAWS OF THE STATE OF CALIFORNIA. I HAVE READ THE FULL PROVISIONS OF LAW, INFORMATION AND LEGAL NOTICE GIVEN TO ANY PERSON DESIRING TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA, INCLUDING THE MARRIAGE OF THE ABOVE-NAMED PARTIES. I HAVE EXPLAINED TO THEM THE REQUIREMENTS OF THE LAWS OF THE STATE OF CALIFORNIA AND THE SIGNATURES OF THE PARTIES ARE FREELY GIVEN TO BE THE SIGNATURES OF THE PARTIES.			
25. DATE OF BIRTH (MM/DD/YYYY) <b>05/24/2017</b>			
26. DATE OF BIRTH (MM/DD/YYYY) <b>08/22/2017</b>			
27. NAME OF COUNTY CLERK <b>DEAN C. LOGAN</b>			
28. RETURN COMPLETED MARRIAGE LICENSE TO FOLLOW ADDRESS <b>12400 Imperial Highway, Norwalk, CA 90650</b>			
29. SIGNATURE OF WITNESS <i>Pastor D. Somalis</i>			
30. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Pastor D. Somalis</b>			
31. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>423 S. First Ave, Bonstow, Ca 92311</b>			
32. SIGNATURE OF WITNESS <i>Pastor Berno D. Somalis</i>			
33. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Bernie D. Somalis</b>			
34. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>423 S. First Ave, Bonstow, Ca 92311</b>			
35. THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.			
36. DATE OF MARRIAGE (MM/DD/YYYY) <b>05/28/2017</b>			
37. CITY/TOWN OF MARRIAGE <b>Palmdale</b>			
38. COUNTY OF MARRIAGE <b>Los Angeles</b>			
39. SIGNATURE OF PERSON WITNESSING MARRIAGE <i>Tim Butchfield</i>			
40. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Tim Butchfield</b>			
41. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>3195 Mack Island Rd, Grass Lake, MI 49240</b>			
42. NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION) <b>CARIE</b>			
43. NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 11A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION) <b>BACA</b>			
44. SIGNATURE OF CLERK OR DEPUTY CLERK <b>DEAN C. LOGAN</b>			
45. DATE ACCEPTED FOR REGISTRATION <b>JUN 23 2017</b>			

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/09)

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C. Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

