

2024-007464

Klamath County, Oregon

08/27/2024 10:34:02 AM

Fee: \$112.00

Grantor Name and Address:

ROSANA JACINTO
1880 PERSIMMON WAY
TRACY, CA 95376

Grantee Name and Address:

ROSANA R. JACINTO, TRUSTEE
1880 PERSIMMON WAY
TRACY, CA 95376

After recording, return to:

PAULA BELDEN, ESQ.
BAKERINK, MCCUSKER & BELDEN
105 E 10TH STREET
TRACY, CA 95376

Until requested otherwise, send all tax statements to:

ROSANA R. JACINTO, TRUSTEE
1880 PERSIMMON WAY
TRACY, CA 95376

WARRANTY DEED

ROSANA JACINTO, a widow, whose address is 1880 Persimmon Way, Tracy, CA 95376 (referred to herein as "Grantor"), hereby conveys and warrants to ROSANA R. JACINTO, TRUSTEE, or any successors in trust, under the ROSANA R. JACINTO LIVING TRUST dated June 20, 2016 and any amendments thereto, whose address is 1880 Persimmon Way, Tracy, CA 95376 (referred to herein as "Grantee"), all of Grantor's interest in and to the following described real property located in Klamath County, Oregon, free of liens and encumbrances except as specifically set forth herein:

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: July 1, 2024

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.

EXHIBIT A

Legal Description

Lot 16, Block 22, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 1 as recorded in Klamath County, Oregon.

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.

EXHIBIT B

[DEATH CERTIFICATE]

GRANTOR:

Rosana R. Jacinto
Rosana Jacinto

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.

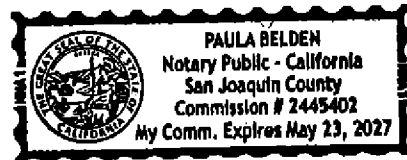
ACKNOWLEDGMENT

State of California
County of San Joaquin

On July 1, 2024 before me, Paula Belden, Public Notary
personally appeared Rosana Jacinto, 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 Paula Belden (Seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052013003614

CERTIFICATE OF DEATH

3201339000071

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-100027 3/09		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARIO		2. MIDDLE ANAMA		3. LAST (Family) JACINTO	
4. DATE OF BIRTH mm/dd/yyyy 09/11/1956		5. AGE Yrs. 56		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY PI		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/PROX (at Time of Death) MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DELIVERY MAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DELIVERY AND SHIPPING		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1880 PERSIMMON WAY		21. CITY TRACY		22. COUNTY/PROVINCE SAN JOAQUIN	
23. ZIP CODE 95376		24. YEARS IN COUNTY 18		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP ROSANA R. JACINTO, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1880 PERSIMMON WAY, TRACY, CA 95376			
28. NAME OF SURVIVING SPOUSE/SDRP - FIRST ROSANA		29. MIDDLE L'ANA		30. LAST (BIRTH NAME) RUMA	
31. NAME OF FATHER/PARENT - FIRST SESAR		32. MIDDLE B.		33. LAST JACINTO	
34. BIRTH STATE PI		35. NAME OF MOTHER/PARENT - FIRST DOROTHY		36. MIDDLE B.	
37. LAST (BIRTH NAME) ANAMA		38. BIRTH STATE PI			
39. DISPOSITION DATE mm/dd/yyyy 01/15/2013		40. PLACE OF FINAL DISPOSITION TRACY MAUSOLEUM 8842 WEST SCHULTE ROAD, TRACY, CA 95376			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALLER DONALD BRAGER		43. LICENSE NUMBER EMB7310	
44. NAME OF FUNERAL ESTABLISHMENT FRY MEMORIAL CHAPEL		45. LICENSE NUMBER FD1461		46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	
47. DATE mm/dd/yyyy 01/10/2013					
101. PLACE OF DEATH SUTTER TRACY COMMUNITY HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1420 NORTH TRACY BOULEVARD		106. CITY TRACY	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism without showing the etiology. DO NOT abbreviate. (A) LEFT ANTERIOR VENTRICULAR ANEURYSM (B) SUBACUTE TRANSMURAL INFARCTION, LEFT VENTRICLE (C) CORONARY ATHEROSCLEROTIC DISEASE 1 of 3		Time Interval Between Onset and Death (A) DAYS 2013-0064 (B) DAYS (C) YEARS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.)			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attempted Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER JOSE ALATORRE		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER JOSE ALATORRE			
127. DATE mm/dd/yyyy 01/10/2013		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JOSE ALATORRE, DEPUTY CORONER			

STATE REGISTRAR A B C D E

CERTIFIED COPY OF VITAL RECORDS

000649621

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: MAY 31 2013

KAREN FURST, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052013003614

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201339000071

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MARIO	1B. MIDDLE ANAMA	1C. LAST JACINTO
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 01/06/2013	4. CITY OF EVENT TRACY
	5. COUNTY OF EVENT SAN JOAQUIN		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD SESAR B. JACINTO		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD DOROTHY B. ANAMA

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED 17	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD DELIVERY MAN	10. CORRECTED INFORMATION AS IT SHOULD APPEAR SORTER AND AUDITOR
	2 of 3		

REASON FOR CORRECTION	11. TO CORRECT A RECORD
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AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	12A. SIGNATURE OF FIRST PERSON JOELLEEN FAIAS	12B. PRINTED NAME JOELLEEN FAIAS	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL ARRANGER
	12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 550 SOUTH CENTRAL AVENUE, TRACY, CA 95376		12E. DATE SIGNED—MM/DD/CCYY 01/29/2013
	13A. SIGNATURE OF SECOND PERSON LINDA HART	13B. PRINTED NAME LINDA HART	13C. TITLE/RELATIONSHIP TO PERSON IN PART I EDRS ADMINISTRATOR
	13D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 290 N. UNION ROAD, MANTECA, CA 95337		13E. DATE SIGNED—MM/DD/CCYY 01/29/2013
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION 01/30/2013

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



FORM 1.1

000649632

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COUNTY OF SAN JOAQUIN } SSThis is a true and exact reproduction of the document officially registered and
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DATE ISSUED:

MAY 81 2013

KAREN FURST, MD, MPH
LOCAL REGISTRAR

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

3052013003614

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201339000071

LOCAL REGISTRATION NUMBER

2.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MARIO	1B. MIDDLE ANAMA	1C. LAST JACINTO	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 01/06/2013	4. CITY OF EVENT TRACY	5. COUNTY OF EVENT SAN JOAQUIN	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
	119	PENDING INVESTIGATION	NATURAL

3 of 3

DECLARATION
OF
CERTIFYING
PHYSICIAN OR
CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER

JOSE ALATORRE

10. DATE SIGNED—MM/DD/CCYY

05/01/2013

11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER

DEPUTY CORONER

12. ADDRESS—STREET and NUMBER

7000 SOUTH MICHAEL CANLIS BLVD

13. CITY

FRENCH CAMP

14. STATE

CA

15. ZIP CODE

95231

STATE/LOCAL
REGISTRAR
USE ONLY

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

STATE REGISTRAR - OFFICE OF VITAL RECORDS

17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY

05/06/2013

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

FORM 1002345971

FORM



000649643

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN }

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