

2024-009677

Klamath County, Oregon

Grantor's Name and Address:

Julia M Payne

2808 Broad Street, Newport Beach, CA 92663

After Recording, Return to:

Name: Charles Friedman, Esq.

Address: 101 Scholz Plz PH18,  
Newport Beach, CA 92663

Until requested otherwise, send all Tax Statements To:

Name: Kaden Grabowski

Address: 1703 N Ukiah Way  
Upland CA 91784



00335390202400096770030030

11/06/2024 08:15:41 AM

Fee: \$92.00

Space Above This Line for Recorder's Use

**WARRANTY DEED**

KNOW ALL MEN BY THESE PRESENTS, That Julia M Payne, whose address is 2808 Broad Street, Newport Beach, CA 92663 (hereinafter called "grantor"), for the true and actual consideration stated in terms of dollars of \$1.00, to grantor paid by KADEN GRABOWSKI, an individual whose address is 1703 N Ukiah Way, Upland, CA 91784 (hereinafter called "grantee"), does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows: *(legal description of property)*:

"KLAMATH FALLS FOREST ESTATES SYCON UNIT, Block - 11, Lot - 2 Por,"  
Map Number is 3313-02700-03800, consisting of 8.33 acres situated at Yellow Pine Road,  
Klamath Falls Forest Estate, Klamath Falls, Klamath County, Oregon.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300 (Definitions for ORS 195.300 to 195.336), 195.301 (Legislative findings) AND 195.305 (Compensation for restriction of use of real property due to land use regulation) TO 195.336 (Compensation and Conservation Fund) 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 (Definitions for ORS 92.010 to 92.192) OR 215.010 (Definitions), 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 (Definitions for ORS 30.930 to 30.947), AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300 (Definitions for ORS 195.300 to 195.336), 195.301 (Legislative findings) AND 195.305 (Compensation for restriction of use of real property due to land use regulation) TO 195.336 (Compensation and Conservation Fund) 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."

IN WITNESS WHEREOF, the undersigned have executed this document on October 18, 2024, any signature on behalf of a business or other entity is made with the authority of that entity.

GRANTOR NAME: Julia M Payne

GRANTOR SIGNATURE:

By: Julia M Payne  
Julia M Payne

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.

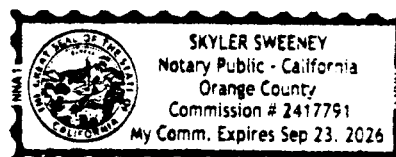
STATE OF CALIFORNIA  
COUNTY OF ORANGE

On Oct 18<sup>th</sup>, 2024, before me, Skyler Jay Sweeney, Notary Public, personally appeared Julia M. Payne 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 this 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  (Seal)



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE  
HEALTH CARE AGENCY

3052021006665

## CERTIFICATE OF DEATH

320213000672

STATE FILE NUMBER 3052021006665		LOCAL REGISTRATION NUMBER 320213000672	
1. NAME OF DECEDENT - FIRST (Given) ARNOLD		3. LAST (Family) PAYNE	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 12/14/1931	
5. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		6. AGE Yrs. 89	
7. BIRTH STATE/FOREIGN COUNTRY SD		8. SEX M	
9. SOCIAL SECURITY NUMBER [REDACTED]		10. MARRIAGE STATUS (at time of death) MARRIED	
11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH mm/dd/yyyy 01/04/2021	
13. EDUCATION - Highest Level/Degree (see instructions on back) BACHELOR		14. HOURS 1525	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED UNK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel construction, employment agency, etc.) UNK	
19. YEARS IN OCCUPATION -			
20. DECEDENT'S RESIDENCE (Street and number, or location) 2808 BROAD ST			
21. CITY NEWPORT BEACH		22. COUNTY/PROVINCE ORANGE	
23. ZIP CODE 92663		24. YEARS IN COUNTRY -	
25. STATE/FOREIGN COUNTRY CA		26. INFORMATION'S NAME, RELATIONSHIP JULIA PAYNE, WIFE	
27. INFORMATION'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2808 BROAD ST, NEWPORT BEACH, CA 92663		28. NAME OF SURVIVING SPOUSE/SPOD - FIRST JULIA	
29. MIDDLE M		30. LAST (BIRTH NAME) HUNT	
31. NAME OF FATHER/PARENT - FIRST ARTHUR		32. MIDDLE -	
33. NAME OF MOTHER/PARENT - FIRST IDA		34. LAST PAYNE	
35. MIDDLE -		36. LAST (BIRTH NAME) PAYNE	
37. BIRTH STATE UNK		38. BIRTH STATE UNK	
39. DISPOSITION DATE mm/dd/yyyy 01/14/2021		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF ORANGE COUNTY	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF SIGNALMENT NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF ORANGE		44. LICENSE NUMBER FD1305	
45. SIGNATURE OF LOCAL REGISTRAR CLAYTON CHAU, MD, PHD		46. DATE mm/dd/yyyy 01/14/2021	
101. PLACE OF DEATH FLAGSHIP HEALTH CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other		104. CITY NEWPORT BEACH	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 466 FLAGSHIP RD		106. COUNTY ORANGE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (B) (C) (D) (E) 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION WITHIN 107 OR 112? (If yes, list type of operation and date) NONE 114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 109. BODY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. UNED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114.1. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN ON THE CAUSE OF DEATH. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy 12/30/2020 (B) mm/dd/yyyy 01/04/2021		114.2. SIGNATURE AND TITLE OF CERTIFIER RICHARD DEE BRUMLEY M.D. 115. TYPE AFTER DEATH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RICHARD DEE BRUMLEY M.D. 19750 S. VERMONT AVE, TORRANCE, CA 90502	
115.1. I CERTIFY THAT IN MY OFFICE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CAUSE OF DEATH. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined 115.2. PLACE OF INJURY (e.g., home, construction site, crowded area, etc.) 115.3. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 115.4. LOCATION OF INJURY (Street and number, or location, city, and zip) 115.5. SIGNATURE OF CORONER / DEPUTY CORONER 115.6. DATE mm/dd/yyyy 115.7. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		116. LICENSE NUMBER G40582 117. DATE mm/dd/yyyy 01/14/2021	
118. STATE REGISTRAR A B C D E		119. FAX AUTH. # CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

\* 004640055 \*

STATE OF CALIFORNIA  
COUNTY OF ORANGE

SS

DATE ISSUED January 26, 2021

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Nichole Quick, MD  
NICHOLE QUICK, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE