

2024-010539

Klamath County, Oregon



00336437202400105390030032

12/05/2024 04:00:18 PM

Fee: \$92.00

After recording, return to (Name and Address):

Geraldine A. Villanueva
 5125 Mazama Dr.
 Klamath Falls, OR 97603

Until requested otherwise, send all tax statements to
 (Name and Address):

Geraldine A. Villanueva
 5125 Mazama Dr.
 Klamath Falls, OR 97603

[SPACE RESERVED FOR RECORDER'S USE]

BARGAIN AND SALE DEED

Leticia Villanueva-Madriz, who acquired title as Leticia Villanueva
 as Trustee of Leticia Villanueva - Madriz Revocable Trust, dated August 31st, 2017 ("grantor"),
 for the consideration stated below, does hereby grant, bargain, sell and convey to Geraldine A. Villanueva

that certain real property, with all rights and interests belonging or relating thereto, situated in Klamath County,
 Oregon, legally described (check one):

☐ as set forth on the attached Exhibit A, and incorporated by this reference.

☒ as follows:

Lot 39 and the Southeasterly 10 feet of Lot 40 in
 First Addition to Summers Lane Homes, according to the
 official plat thereof on file in the office of the County
 clerk of Klamath County, Oregon.

To have as grantee's own and to hold for grantee's heirs, successors and assigns forever.

The true and actual consideration paid by grantee to grantor for this transfer is (check one or both; see ORS 93.030):

☒ \$ to convey title

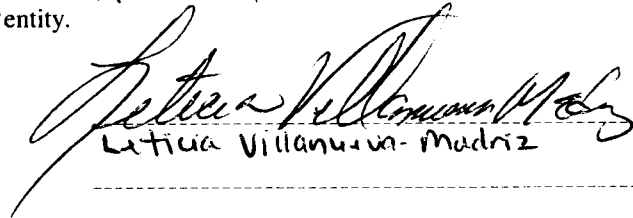
☐ other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration.



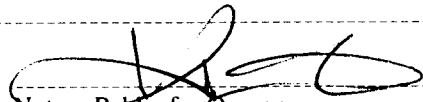
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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.

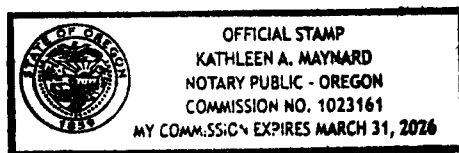
In construing this instrument, where the context so requires, the singular includes the plural, and the language will be read to apply equally to businesses, other entities and to individuals.

Grantor has executed this instrument on April 9, 2024; any signature on behalf of a business or other entity is made with the authority of that entity.


Leticia Villanueva-Madriz

STATE OF OREGON, County of Klamath
This record was acknowledged before me on April 9, 2024
by Leticia Villanueva-Madriz
or This record was acknowledged before me on _____
by _____
as (corporate title) _____
of (company name) _____


Notary Public for Oregon
My commission expires March 31, 2026



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052020233068

CERTIFICATE OF DEATH

3202039004814

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 5/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSE		2. MIDDLE -		3. LAST (Family) VILLANUEVA MADRIZ SR	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 03/19/1940		5. AGE Yrs. 80	6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY MEXICO		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPD* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/08/2020		8. HOUR (24 Hours) 1817	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 06		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. FARMER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		19. YEARS IN OCCUPATION 55	
20. DECEDENT'S RESIDENCE (Street and number, or location) 18396 SOUTH WAGNER RD					
21. CITY RIPON		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95366	24. YEARS IN COUNTY 51
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP LETICIA VILLANUEVA, SISTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 18396 S WAGNER RD, RIPON, CA 95366					
28. NAME OF SURVIVING SPOUSE/SPD - FIRST GERALDINE		29. MIDDLE ANN		30. LAST (BIRTH NAME) ORTEZ	
31. NAME OF FATHER/PARENT - FIRST GONZALO		32. MIDDLE -		33. LAST VILLANUEVA	
34. BIRTH STATE MEXICO		35. NAME OF MOTHER/PARENT - FIRST DELFINA		36. MIDDLE -	
37. LAST (BIRTH NAME) MADRIZ		38. BIRTH STATE MEXICO			
39. DISPOSITION DATE mm/dd/yyyy 10/23/2020		40. PLACE OF FINAL DISPOSITION ST. JOHN'S CATHOLIC CEMETERY 17871 CARROLTON RD., ESCALON, CA 95320			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JAMES CARVALHO		43. LICENSE NUMBER EMB7748	
44. NAME OF FUNERAL ESTABLISHMENT DEEGAN-RIPON MEMORIAL CHAPEL		45. LICENSE NUMBER FD987		46. SIGNATURE OF LOCAL REGISTRAR MAGGIE S. PARK, MD	
47. DATE mm/dd/yyyy 10/15/2020					
101. PLACE OF DEATH SAN JOAQUIN GENERAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> E <input type="checkbox"/> ER/OP <input type="checkbox"/> ECA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <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) 500 WEST HOSPITAL ROAD		106. CITY FRENCH CAMP	
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 ventilator dislodgement without showing the etiology. DO NOT ABBREVIATE. (A) GUNSHOT WOUND OF THE TORSO		Time Interval Between Onset and Death (A) UNK		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B)		110. BICOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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.) -		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NUMBER	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy			
119. 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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 10/08/2020	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) HOME		122. HOUR (24 Hours) 1709			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SELF-INFLICTED GUN SHOT WOUND TO THE TORSO					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip) 18396 SOUTH WAGNER ROAD, RIPON, CA 95366					
125. SIGNATURE OF CORONER / DEPUTY CORONER C PATTERSON					
126. DATE mm/dd/yyyy 10/13/2020					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER C PATTERSON, DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.#	
VERITRACE		01000100483755		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN } SS

DATE ISSUED: **OCT 16 2020**

000876959

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

Maggie Park
MAGGIE S. PARK, M.D.
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE