

WHEN RECORDED RETURN TO:

Thiseas Mouratidis
1129 Carissa Dr
Tallahassee, FL 32308
850 491 0934

UNTIL REQUESTED OTHERWISE, SEND ALL TAX STATEMENTS TO:

Thiseas Mouratidis
1129 Carissa Dr
Tallahassee, FL 32308
850 491 0934

WARRANTY DEED

THE GRANTOR(S)

- Franie R Meyer, a surviving spouse and sole owner by right of survivorship, whose mailing address is 18250 Grandview Ave., Devore CA 92407 for and in consideration of Five Thousand Dollars (\$5,000.00) and other valuable considerations in hand paid, conveys and warrants to

THE GRANTEE(S):

Thiseas Mouratidis, a married man, whose mailing address is 1129 Carissa Dr., Tallahassee, FL 32308, the following described real estate, situated in the County of Klamath, State of Oregon:

Legal Description: LOT 04, BLOCK 23, KLAMATH FOREST ESTATES KLAMATH COUNTY, OREGON

Tax Account No(s): 259222 / Taxlot# 3510-014D0-04000

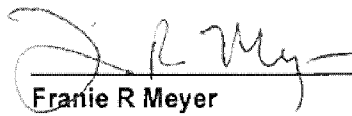
Property Addresses: Vacant land in Ram Road, Chiloquin OR 97624

Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and that Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE 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

DATED this 7 day of March 2025.



Franie R Meyer
18250 GRANDVIEW AVE
DEVORE, CA 92407

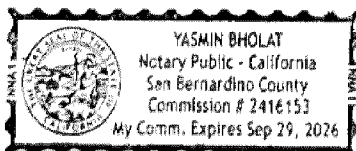
A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF San Bernardino

This record was acknowledged before me on 7th March, 2025 by
Franie R Meyer

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA
that the foregoing paragraph is true and correct.





Yasmin Bhola

Notary Public in and for the State of CALIFORNIA

residing at: 3594 Twinberry Ln

San Bernardino CA 92407

Print name YASMIN BHOLA

Commission expiration date Sept 29, 2026

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

| | | | | | |
|--|--|----------------------|--|-------------------|--|
| 3052024029784 | | CERTIFICATE OF DEATH | | 3022436001521 | |
| 1. NAME OF DECEASED - FIRST (Given) | | 2. MIDDLE | | 3. LAST (Surname) | |
| KENNETH | | LEE | | MEYER | |
| 4. AKA, AKA KNOWN AS - Includes first and last, middle, last | | | | | |
| 5. DATE OF BIRTH - month/day/year | | | | | |
| 11/29/1962 | | | | | |
| 6. AGE - Yrs | | | | | |
| 61 | | | | | |
| 7. SEX | | | | | |
| M | | | | | |
| 8. BIRTH STATE/COUNTRY | | | | | |
| CA | | | | | |
| 9. SOCIAL SECURITY NUMBER | | | | | |
| 564-15-6955 | | | | | |
| 10. EVER IN U.S. ARMED FORCES | | | | | |
| NO | | | | | |
| 11. MARRIAGE STATUS | | | | | |
| MARRIED | | | | | |
| 12. DATE OF DEATH - month/day/year | | | | | |
| 02/07/2024 | | | | | |
| 13. HOUR | | | | | |
| 1617 | | | | | |
| 14. EDUCATION - highest level completed | | | | | |
| SOME COLLEGE | | | | | |
| 15. WAS DECEASED REPRODUCED/SPANNED? (If yes, see worksheet on back) | | | | | |
| NO | | | | | |
| 16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) | | | | | |
| WHITE | | | | | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | | | | |
| FIREFIGHTER | | | | | |
| 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food corporation, employment agency, etc.) | | | | | |
| FIRE DEPARTMENT | | | | | |
| 19. YEARS IN OCCUPATION | | | | | |
| 30 | | | | | |
| 20. DECEASED'S RESIDENCE (street and number, or location) | | | | | |
| 18250 GRANDVIEW AVE | | | | | |
| 21. CITY | | | | | |
| DEVORE HEIGHTS | | | | | |
| 22. COUNTY | | | | | |
| SAN BERNARDINO | | | | | |
| 23. ZIP CODE | | | | | |
| 92407 | | | | | |
| 24. YEARS IN COUNTY | | | | | |
| 33 | | | | | |
| 25. STATE/COUNTRY | | | | | |
| CA | | | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP | | | | | |
| FRANIE R MEYER, WIFE | | | | | |
| 27. INFORMANT'S MAILING ADDRESS (street and number, or location, city, state and zip) | | | | | |
| 18250 GRANDVIEW AVE, DEVORE HEIGHTS, CA 92407 | | | | | |
| 28. NAME OF SURVIVING SPOUSE - FIRST | | | | | |
| FRANIE | | | | | |
| 29. MIDDLE | | | | | |
| R | | | | | |
| 30. LAST (SPOUSE NAME) | | | | | |
| ALMENDAREZ | | | | | |
| 31. NAME OF FATHER/IN-LAW - FIRST | | | | | |
| RICHARD | | | | | |
| 32. MIDDLE | | | | | |
| LEE | | | | | |
| 33. LAST | | | | | |
| MEYER | | | | | |
| 34. BIRTH STATE | | | | | |
| IN | | | | | |
| 35. NAME OF MOTHER/IN-LAW - FIRST | | | | | |
| LINDA | | | | | |
| 36. MIDDLE | | | | | |
| LOU | | | | | |
| 37. LAST (MOTHER NAME) | | | | | |
| OWENS | | | | | |
| 38. BIRTH STATE | | | | | |
| KY | | | | | |
| 39. DATE OF DEATH - month/day/year | | | | | |
| 02/14/2024 | | | | | |
| 40. PLACE OF FINAL DISPOSITION | | | | | |
| RES OF FRANIE R MEYER | | | | | |
| 18250 GRANDVIEW AVE, DEVORE HEIGHTS, CA 92407 | | | | | |
| 41. TYPE OF DISPOSITION | | | | | |
| CREMATE/RESIDENCE | | | | | |
| 42. SIGNATURE OF EMBALMER | | | | | |
| NOT EMBALMED | | | | | |
| 43. LICENSE NUMBER | | | | | |
| FD406 | | | | | |
| 44. SIGNATURE OF LOCAL REGISTRAR | | | | | |
| MICHAEL A. SEQUEIRA, MD | | | | | |
| 45. DATE - month/day/year | | | | | |
| 02/14/2024 | | | | | |
| 46. PLACE OF DEATH | | | | | |
| RESIDENCE-HOSPICE | | | | | |
| 47. IF HOSPITAL, SPECIFY ONE | | | | | |
| Hospice | | | | | |
| 48. IF OTHER THAN HOSPITAL, SPECIFY ONE | | | | | |
| Nursing Home/JC | | | | | |
| 49. CITY | | | | | |
| DEVORE HEIGHTS | | | | | |
| 50. COUNTY | | | | | |
| SAN BERNARDINO | | | | | |
| 51. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number, or location) | | | | | |
| 18250 GRANDVIEW AVE | | | | | |
| 52. CAUSE OF DEATH | | | | | |
| IMMEDIATE CAUSE - First disease or condition resulting in death | | | | | |
| P. METASTATIC OSTEOSARCOMA OF LEFT THIGH | | | | | |
| 53. UNDERLYING CAUSE - Final disease or condition resulting in death | | | | | |
| P. METASTATIC OSTEOSARCOMA OF LEFT THIGH | | | | | |
| 54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (OVER IN 107) | | | | | |
| PNEUMOTHORAX | | | | | |
| 55. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date) | | | | | |
| EXCISION SOFT TISSUE MASS OF THIGH 09/17/2018, TOTAL FEMUR RECONSTRUCTION | | | | | |
| 56. AFTER RESECTION 11/24/2021 | | | | | |
| 57. SIGNATURE AND TITLE OF CERTIFIER | | | | | |
| RUTH GIMIN LEE, MD | | | | | |
| 58. DATE - month/day/year | | | | | |
| 02/07/2024 | | | | | |
| 59. SIGNATURE AND TITLE OF CORONER/DEPUTY CORONER | | | | | |
| MICHAEL A. SEQUEIRA, MD | | | | | |
| 60. DATE - month/day/year | | | | | |
| 02/13/2024 | | | | | |
| 61. MANNER OF DEATH | | | | | |
| Natural | | | | | |
| 62. PLACE OF BIRTH (e.g., home, construction site, wooded area, etc.) | | | | | |
| 63. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) | | | | | |
| 64. LOCATION OF INJURY (street and number, or location, and city and zip) | | | | | |
| 65. SIGNATURE OF CORONER/DEPUTY CORONER | | | | | |
| 66. DATE - month/day/year | | | | | |
| 67. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER | | | | | |
| 68. SIGNATURE OF REGISTRAR | | | | | |
| 69. DATE - month/day/year | | | | | |
| 70. TYPE NAME, TITLE OF REGISTRAR | | | | | |
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