

02 NOV 20 AM 11:02

After Recording Return to:

PHILIP SCHAAPHOK
SUSAN C. SCHAAPHOK

P.O. Box 859
Hollister, CA 95023

Until a change is requested all tax statements
Shall be sent to the following address:

PHILIP SCHAAPHOK
SUSAN C. SCHAAPHOK

Same as above

State of Oregon, County of Klamath

Recorded 11/20/2002 11:02 a. m.

Vol M02, Pg 67233-34

Linda Smith, County Clerk

Fee \$ 26⁰⁰ # of Pgs 2

WARRANTY DEED

(INDIVIDUAL)

FRITZ BUCHER and TERRY BUCHER, herein called grantor, convey(s) to PHILIP SCHAAPHOK and SUSAN C. SCHAAPHOK, HUSBAND AND WIFE, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 37, Block 5, LATAKOMIE SHORES, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$6,000.00.
(here comply with the requirements of ORS 93.930)

THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dated 11/13/02

deceased
FRITZ BUCHER

Terry Bucher
TERRY BUCHER

STATE OF Oregon, County of Jackson ss.

On 11/13/02 personally appeared the above named ~~FRITZ BUCHER~~ and TERRY BUCHER and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me:

Kathy Allensworth
Notary Public for
My commission expires



This Document is recorded at the request of:
Aspen Title & Escrow, Inc.
525 Main Street
Klamath Falls, OR 97601
Order No.: 00056042

26A

CERTIFICATION OF VITAL RECORD

67234

113614

I.D. TAG NO.

1-93

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS 136

CERTIFICATE OF DEATH

State File Number

DECEDENT

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6

PARENTS

DISPOSITION

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REGISTRAR

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CERTIFIER

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1. DECEDENT'S NAME First: Fritz Middle: Alvin Last: BUCHER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 1, 1993
4. SOCIAL SECURITY NUMBER 458-96-7762	5a. AGE Last Birthday (Years) 40	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Inglewood, CA
7. DATE OF BIRTH (Month, Day, Year) October 2, 1952		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Josephine Memorial Hospital		10. CITY, TOWN, OR LOCATION OF DEATH Grants Pass	11. COUNTY OF DEATH Josephine
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic		13. KIND OF BUSINESS/INDUSTRY Automotive	
14. RESIDENCE - STATE Oregon		15. COUNTY Josephine	
16. CITY, TOWN OR LOCATION Grants Pass		17. STREET AND NUMBER 6080 Hugo Rd.	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97526	
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		21. RACE American Indian, Black, White, etc. (Specify) White	
22. FATHER - NAME first middle last Alvin Bucher		23. MOTHER - NAME first middle maiden Joan Smith	
24. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Crematory	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Brian M. Little</i>		27. LICENSE NUMBER (Of Licensee) 3111	
28. DATE FILED (Month, Day, Year) January 5, 1993		29. NAME, ADDRESS AND ZIP OF FACILITY Lundberg-L.B. Hall Funeral Home 141 NW C St., Grants Pass, OR 97526	
30. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		31. REGISTRAR'S SIGNATURE <i>LaVerla J. Young</i>	
32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. INFORMANT - NAME and relationship to decedent Terry Bucher, Wife	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ed Glovinsky, M.D. 509 E. Main		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Rogue River, OR 97537	
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART I (a) <i>Cardiac Arrest</i>		Interval between onset and death <i>1 hr</i>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>Chronic Coronary artery disease, chronic CHF, Atrial Fibrillation</i>		Interval between onset and death <i>years</i>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>100%</i>		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JOSEPHINE COUNTY REGISTRAR.

JAN 15 1993

DATE ISSUED

LaVerla J. Young
LA VERLA J. YOUNG
COUNTY REGISTRAR
JOSEPHINE COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE