

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 CERTIFICATE OF DEATH

136

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12
13
14

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

15
16
17

| | | | | | | | |
|--|--|---|---|---|---|--|--|
| 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) | | | | | |
| 9a. FACILITY NAME (If not institution, give street and number) Josephine Memorial Hospital | | | 9b. CITY, TOWN, OR LOCATION OF DEATH Grants Pass | | 9c. COUNTY OF DEATH Josephine | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Mechanic | | | 10b. KIND OF BUSINESS/INDUSTRY Automotive | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | |
| 12. SPOUSE (If Married, Widowed, Divorced) Terry | | 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Josephine | | 13c. CITY, TOWN OR LOCATION Grants Pass | |
| 13d. STREET AND NUMBER 6080 Hugo Rd. | | 14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 15. ZIP CODE 97526 | | 16. 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 | |
| 17. FATHER - NAME first middle last Alvin Bucher | | 18. MOTHER - NAME first middle maiden Joan Smith | | 19. INFORMANT - NAME and relationship to decedent Terry Bucher, Wife | | | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Crematory | | | | | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Brian M. Little</i> | | 21b. LICENSE NUMBER (Of Licensee) 3111 | | 22. NAME, ADDRESS AND ZIP OF FACILITY Lundberg-L.B. Hall Funeral Home 141 NW C St., Grants Pass, OR 97526 | | | |
| 23. DATE FILED (Month, Day, Year) January 5, 1993 | | 24. REGISTRAR'S SIGNATURE <i>LaVerla J. Young</i> | | | | | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | 26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | | | | |

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|---|--|---|--|
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | TO BE COMPLETED ONLY BY MEDICAL EXAMINER | |
| 27. TIME OF DEATH 5:30 A.M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 31a. TIME OF DEATH M | |
| 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M | |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Ed Glovinsky</i> | | 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) | |
| 30. DATE SIGNED (Month, Day, Year) 1/5/93 | | 33. DATE SIGNED (Month, Day, Year) COUNTY | |
| 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Ed Glovinsky, M.D. 509 E. Main Rogue River, OR 97537 | | | |
| 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |

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|--|--|--|--|
| 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.) | | Interval between onset and death | |
| (a) <i>Coronary Artery</i> | | <i>1 hr</i> | |
| (b) <i>Chronic Coronary Artery Disease, CHF, Atrial Fibrillation</i> | | <i>years</i> | |
| (c) <i>Idiopathic</i> | | | |
| 37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | | |

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|---|--|--|--|--|--|---|--|
| 40. 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 | | 41a. DATE OF INJURY (Month, Day, Year) | | 41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) | | 41e. 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