

'02 M02 AM 11:02

Vol M02 Page 67233

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 \$ 26 00 # 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 Bucker

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

FOR  
IN  
PERMANENT  
BLACK INK113614  
I.D. TAG NO.1-93  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS

136-

## CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First NAME	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)	
Fritz	Alvin	BUCHER	Male	January 1, 1993	
4. SOCIAL SECURITY NUMBER	5a. AGE Last Birthday (Years)	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
458-96-7762	40			Inglewood, CA	October 2, 1952
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	8a. PLACE OF DEATH (Check only one)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
10. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH	
Josephine Memorial Hospital	Grants Pass			Josephine	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY		11. MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		
Mechanic	Automotive		Married Terry		
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
Oregon	Josephine	Grants Pass	6080 Hugo Rd.	Elementary/secondary (D-12) College (1-4 or 5+)	
13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify)	19. INFORMANT - NAME and relationship to deceased	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	97526		White	Terry Bucher, Wife	
17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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)	20c. LOCATION City or Town, State	
Alvin Bucher	Joan Smith		Hillcrest Crematory	Grants Pass, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Or License)	22. NAME, ADDRESS AND ZIP OF FACILITY			
Brian M. Nutter	3111	Lundberg-L.B. Hall Funeral Home 141 NW C St., Grants Pass, OR 97526			
23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE				
January 5, 1993	LaVerla J. Young				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	26. WAS GIFT MADE?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
10. TO BE COMPLETED BY CERTIFYING PHYSICIAN					
11. 27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	31a. TIME OF DEATH			
5:30 AM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Ed Glovinsky					
12. 30. DATE SIGNED (Month, Day, Year)	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)				
1/5/93	33. DATE SIGNED (Month, Day, Year)				
13. 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)	COUNTY				
14. 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING MEDICAL EXAMINER (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: <i>Cardiac Arrest</i>					
1. (a) Due to, or as a consequence of:					
1. (b) Due to, or as a consequence of:					
1. (c) Due to, or as a consequence of:					
PART II: <i>Cardio-embolism, Cerebral CVA, stroke FS</i>					
2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
15. 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
16. 38. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
17. 39. If yes were findings considered in determining cause of death?					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention					
41a. DATE OF INJURY (Month, Day, Year)					
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No					
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
41d. DESCRIBE HOW INJURY OCCURRED					
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)					
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
RESERVED FOR REGISTRAR'S USE					

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