02 NOV 20

After Recording Return to:
PHILIP SCHAAPHOK
SUSAN C. 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 Vol_MO2_Page 67233

NTHY ALLENSWORTH OTARY PUBLIC - OREGON OMMISSION NO. 350879 COMMISSION FOR STANDARD TO THE PUBLIC PU

State of Oregon, County of Klamath
Recorded 11/20/2002 //:02 a. m.
Vol M02, Pg // 7233-34
Linda Smith, County Clerk
Fee \$ 26000 # 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.

Before me:

Notary Public for

My commission

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

AND

	113614		OREGON	I DEPARTI	MENI OF HUI	MAN R	ESOURCES	O	7234	1.1
	I.D. TAG NO	0.		HF	ALTH DIVICIO	147				•
	1-93 Local File Nur	mhe:	, C	ENTER FO	R HEALTH S	TATIST	TCS 136.			
*	1. DECEDENT'S FHE			Middle	FICATE OF D	CAIN		State File		
\	" NAME" Fri			Nlvin	BUCH		1		TE OF DEATH IM	
	4 SOCIAL SECURITY NO		asi Birthday	5b. Under 1 Year	5c. Under 1 Day	6. BIRTH	PLACE (City and Sta	ale Jai	nuary 1, TE OF BIATH (Mo	1993
* .	458-96-77	62	40	los Days	Hours Mins	Ing	lewood. C	- 1	tober 2,	
DECEDENT	B WAS DECEDENT EVER U.S. ARMED FORCES?	HOSPITAL	[]Incollect V	ER/Outpatient		OF DEATH	(Check only one)			1332
	96 FACHLITY NAME IN A	not institution, give	e street and nu	moer)		Nursing H	ome Decedent's	Home Other (Sp		
	Josephine	Memorial	Hospit	al	1 (Grants		EAIN /	l -	OF DEATH
	10a DECEDENT'S USUA (Give kind of work do Do not use retired.)	L OCCUPATION ne during most of	working life.	Ob. KIND OF BUS	INESS/INDUSTRY	1	44 444	J3 - Married, 12. Si	POUSE HT Married.	www.med)
i	Mechanic		1	Automot			Divorced (Speci	יאי		
	134 RESIDENCE - STATE	136. COUNTY		Automot	OR LOCATION		Married 13d STREET AND	Te	rry	
	Oregon	Jose	phine	Grant	s Pass			lugo Rd.		
	13e INSIDE CITY 13F	ZIP CODE	14. WAS DE (Specify No	CEDENT OF MICH	ANIC OBICIO	15 RACE	American Indian, hite, etc. (Specify)	16 D	ECEDENT'S EDUC	ATION
—— I	□ Yes CXNo	97526	Merican, Pu Specify:	or Yes - II yes, so erlo filcan, etc.)	(INo LIYes	l		Elementary/Sec	ondary (0-12) Col	ege (1-4 or 5
PARINIS	17. FATHER - NAME IN	ral middle	lasi i	8 MOTHER - NAA	IE lirst middle	maiden W	hite	12 FORMANT NAME		
	Alvin Buche	r	. 3.	Joan	Smith			erry Buch		O deceased
SPOSITION	20s. METHOD OF DISPO			0b. PLACE OF DIS other place!	POSITION (Name of C	emetery, cre	emalory, sr 20c. (OCATION City or	Town, State	
1,000	Donation DOINER IS	Specify)	State	. 811.				·		
	214 SIGNATURE OF FUN PERSON ACTING AS		ICENSEE OR	210	rest Cremat		E, ADDRESS AND	Grants P	ass, Oreg	on
[' · ~ ·			·	(Of Licensee)	Lu	ndberg-L.	B. Hall F	uneral Ho	me
	23. DAJE FILED (Month)				3111	14	1 NW C St	., Grants	Pass, OR	97526
GISTRAR	Janua		1993			24 REGI	STRAR'S SIGNATU	ALE CO),	******
. 7	25. DIO HOSPITAL REPRE	ESENTATIVE MAK	E REQUEST F	OR ANATOMICAL	GIFT CONSENT?		GIFT MADE?	2 St. 2	terra	
) (XIYES DINO	□ NIA			:	Or]NIA		
á			the subject of				·X···· ·	2102		
	TO 8	E COMPLETED B					TO BE COMPLE	TED ONLY BY MED	NCAL EXAMINER	
	5:30 A	1	CAL EXAMINE	R NOTIFIED?		SIA. TIME OF	F DEATH JID D	TE PRONOUNCE	DEAD (Month, Da	y. Year, Hou
			curied at the li	ime, dale, piace a	nd	2 On the h	M asis of examination			
	due to the revenue as	of expenses distant						MACHINE MARRIED TO		
RIJJIR F	29. To the best of my kno due to the cause(s) an (Signature)	ng marther liated.	_			at the tim		due to the causets	n, in my opinion d and manner state	d.
IRTUFUR F	EX 97	n				(Signatur	•	The second	and manner state	d.
RTIFIER F	due to the causers) and (Signature) 2.3 9 30. DATE SIGNED (Manth.)	n				(Signatur		The second	and manner state	
RTIJILR	2.49 9/2000 DATE SIGNED IMARIA	Day, Yeller				(Signatur	•	The second	, and manner grate	
IRTIFIER F	30. DATE SIGNED IMONIO. 1/5/5 34. NAME; TITLE, ADDRES Ed Glovi	SS AND ZIP OF C	CERTIFIERIMEC	CAL EXAMINER	(Type or Print)	Signaturi G. DATE SIG	a) SNED (Monih, Day,	Year)	, and manner grate	.
DITIONS	30. DATE SIGNED Manin.	SS AND ZIP OF C	CERTIFIERIMEC	CAL EXAMINER	(Type or Print)	Signaturi G. DATE SIG	•	Year)	, and manner grate	.
DITIONS ANY	30. DATE SIGNED MONIN. 34. NAME: TITLE, ADDRES Ed Glovis 35. NAME OF ATTENDING	SS AND ZIP OF COMSKY, M.D.	CERTIFIERUMED). OTHER THAN C	MCAL EXAMINER 509 E. M. ENTIFIER (Type of	Signe or Printy Sin	Signaturi DATE SIGNATURE Rogue	River, O	Year) R 97537	, and manner grate	
DITIONS ANY SE TO EDIATE	30. DATE SIGNED MONIN. 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 30. IMMEDIATE CAUSE (6.	SS AND ZIP OF CONSKY, M. CONTER ONLY ONE	CERTIFIERUMED). OTHER THAN C	MCAL EXAMINER 509 E. M. ENTIFIER (Type of	Signe or Printy Sin	Signatur DATE SIGN Rogue	River, O	Year) R 97537	COUN	Y
DITIONS ANY H GAVE SE TO EDUATE WSE WSE	30. DATE SIGNED MONIN. 34. NAME: TITLE, ADDRES Ed Glovis 35. NAME OF ATTENDING	SS AND ZIP OF CONSKY, M. CONSKY, M. CONTER ONLY ONE	CENTIFIERUMED OTHER THAN C CAUSE PER D	MCAL EXAMINER 509 E. M. ENTIFIER (Type of	Signe or Printy Sin	Signatur DATE SIGN Rogue	River, O	Year) R 97537	COUNT	Y
DITIONS ANY SE TO EDIATE	30. DATE SIGNED IMONIA 34. MAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. IMMEDIATE CAUSE (E) PART (a) DUE TO, OR AS A C	SS AND ZIP OF CO SS KY, M. D. PHYSICIAN IF O INTER ONLY ONE	CAUSE PER C	MCAL EXAMINER 509 E. M. ENTIFIER (Type of	Signe or Printy Sin	Signatur DATE SIGN Rogue	River, O	Year) R 97537	COUNT	riween onsel
DITIONS ANY H GAVE SE TO EDUATE WSE WSE	30. DATE SIGNED IMONIA 34. MAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. IMMEDIATE CAUSE (E) PART (a) DUE TO, OR AS A C BU ETO, OR AS A C	SS AND ZIP OF CO SS KY, M. D. PHYSICIAN IF O INTER ONLY ONE CONSEQUENCE CONSEQUENCE CONSEQUENCE	CAUSE PER C	MCAL EXAMINER 509 E. M. ENTIFIER (Type of	(Type or Print) 3 N 1 Print) AND (c)) Do not enter i	Rogue	River, O	Pespiratory Arrest	interval be and death of the production of the p	riween onse
DITIONS ANY HI GAME SE TO EDIATE WISE HIS THE FRIVING SE LAST	30. DATE SIGNED IMONIN. 34. NAME, TITLE, ADDRES Ed Glovis 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (E PART (a) DUE TO, OR AS A C BI CA - DATE PART (UMER SOURCE)	SS AND ZIP OF CONSEQUENCE CONS	CAUSE PER C	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 'y CAA	(Type or Print) 3 in 1 Print) AND (c)) Do not enter (Rogue	River, Ol	Year) R 97537	COUNT	Nween onsel
DATIONS AND THE PROPERTY OF TH	30. DATE SIGNED IMONIA 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. IMMEDIATE CAUSE (6 DUE TO, OR AS A C EN CONTROL DUE TO, OR AS A C EN CONTROL DUE TO, OR AS A C EN CONTROL DUE TO, OR AS A C	SS AND ZIP OF CONSEQUENCE CONS	CAUSE PER C	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 'y CAA	(Type or Print) 3 in 1 Print) AND (c)) Do not enter (Rogue	River, O	Pespiratory Arrest	interval be and death for an interval be and death interval be and death to be an interval be and death to be an interval be an inte	tween onset
DATIONS AND THE PROPERTY OF TH	30. DATE SIGNED (MONIN) 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. IMMEDIATE CAUSE (E) PART (a) CUE TO, OR AS A C (b) DUE TO, OR AS A C (c) Characteristics Conditions contribution TOTHER SIGNIFICAN CONDITION CONDITION CONDITION TOTHER SIGNIFICAN TOTHER SIGNIFICAN CONDITION TOTHER SIGNIFICAN T	SS AND ZIP OF CONSEQUENCE CONS	CAUSE PER C	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 'y CAA	(Type or Print) 3 in 1 Print) AND (c)) Do not enter (Rogue Rogue To be to b	River, Of River, Of Recover contribute leasth?	R 97537 Respusiory Arrest	Interval be and death in determined cau	otween onsei
DATIONS AND THE PROPERTY OF TH	30. DATE SIGNED (MONIN) 34. NAME; TITLE, ADDRES Ed Glovis 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (6 PART (6) DUE TO, OR AS A (ED COMMENT CONDITION OTHER SIGNIFICAN COORDINATION 40. MANNER OF DEATH	Day, YANI) SS AND ZIP OF CE IS KY, M. [I PHYSICIAN IF O INTER ONLY ONE CONSEQUENCE CE CONSEQUENCE CONSEQUENCE TO CONDITIONS IT CONDITIONS IT do death but no	CAUSE PER C	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b),	(Type or Print) 3 in 1 Print) AND (c)) Do not enter i	Roque Roque 3. Date sic Roque	River, O	R 97537 Respusiory Arrest	interval be and death interval be and death interval be and death and death years of the second of t	otween onsei
DATIONS AND THE PROPERTY OF TH	30. DATE SIGNED (MONIN) 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. IMMEDIATE CAUSE (6 PART (6) DUE TO, OR AS A (6) ED TO, OR AS A (7) FOR TOMORROW 40. MAINIER OF DEATH EN MAINIER OF DEATH	Day, Yakij BS AND ZIP OF CE SKY, M. D PHYSICIAN IF O INTER ONLY ONE CONSEQUENCE CE CONSE	CAUSE PER 6	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b),	(Type or Print) 3 in Print) AND (c)) De not enter (Roque Roque 3. Date sic Roque	River, O	R 97537 Respusiory Arrest	Interval be and death in determined cau	otween onsei
DATIONS AND THE PROPERTY OF TH	30. DATE SIGNED (MONIN) 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. NAME OF ATTENDING DUE TO, OR AS A C ED DUE TO, OR AS A C FOR CONSISTENCY OTHER SIGNIFICAN CONDITION 40. MANNER OF DEATH National Pre- Accident Unin	Day, Yokij BE AND ZIP OF CE SKY, M. [I PHYSICIAN IF O INTER ONLY ONE CONSEQUENCE C C CONSEQUENCE C C C C C C C C C C C C C	CAUSE PER E	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 7 CAA e underlying cause 17 41b. TIME OF 18 UNURY	If ype or Print) 3 in Print) AND (c)) De not enter (Rogue Rogue 37. Did los the d WE MA	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death y 38. If Yes in determining cau	physen onsei
DATIONS AND THE PROPERTY OF TH	30. DATE SIGNED (MONIN) 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. NAME OF ATTENDING DUE TO, OR AS A C ED DUE TO, OR AS A C FOR CONSISTENCY OTHER SIGNIFICAN CONDITION 40. MANNER OF DEATH National Pre- Accident Unin	Day, Yokij BE AND ZIP OF CE SKY, M. [I PHYSICIAN IF O INTER ONLY ONE CONSEQUENCE C C CONSEQUENCE C C C C C C C C C C C C C	CAUSE PER E	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 7 CAA e underlying cause 17 41b. TIME OF 18 UNURY	(Type or Print) 3 in Print) AND (c)) De not enter (Rogue Rogue 37. Did los the d WE MA	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death y 38. If Yes in determining cau	physen onsei
DOTTIONS ANY HIGH CONTROL OF THE CON	30. DATE SIGNED (MONIN) 34. NAME: TITLE, ADDRES Ed Glovis 36. NAME OF ATTENDING 36. NAME OF ATTENDING DUE TO, OR AS A C ED DUE TO, OR AS A C FOR CONSISTENCY OTHER SIGNIFICAN CONDITION 40. MANNER OF DEATH National Pre- Accident Unin	Dey, Yokij Dey, Y	CAUSE PER E	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 7 CAA e underlying cause 17 41b. TIME OF 18 UNURY	If ype or Print) 3 in Print) AND (c)) De not enter (Rogue Rogue 37. Did los the d WE MA	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death y 38. If Yes in determining cau	physical constants of death?
DOTTIONS ANY HIGH CONTROL OF THE CON	30. DATE SIGNED IMONIA. 31. NAME, TITLE, ADDRES Ed Glovis 35. IMMEDIATE CAUSE (E. PART (a) COLOR OUE TO, OR AS A C. BI DUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OTHER SIGNIFICAN CONDITIONS TO THE SIGNIFICAN CONDITIONS OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. O	Dey, Yokij Dey, Y	CAUSE PER E	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 7 CAA e underlying cause 17 41b. TIME OF 18 UNURY	If ype or Print) 3 in Print) AND (c)) De not enter (Rogue Rogue 37. Did los the d WE MA	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death y 38. If Yes in determining cau	physical constants of death?
DOTTIONS ANY HIGH CONTROL OF THE CON	30. DATE SIGNED IMONIA. 31. NAME, TITLE, ADDRES Ed Glovis 35. IMMEDIATE CAUSE (E. PART (a) COLOR OUE TO, OR AS A C. BI DUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OTHER SIGNIFICAN CONDITIONS TO THE SIGNIFICAN CONDITIONS OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. O	Dey, Yokij Dey, Y	CAUSE PER E	HCAL EXAMINER 509 E. M. ERTIFIER (Type of LINE FOR (a), (b), 7 CAA e underlying cause 17 41b. TIME OF 18 UNURY	If ype or Print) 3 in Print) AND (c)) De not enter (Rogue Rogue 37. Did los the d WE MA	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death and death or and death or and death or any in determining cau	ptween onset
DOTTIONS ANY HIGH CONTROL OF THE CON	30. DATE SIGNED IMONIA. 31. NAME, TITLE, ADDRES Ed Glovis 35. IMMEDIATE CAUSE (E. PART (a) COLOR OUE TO, OR AS A C. BI DUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OTHER SIGNIFICAN CONDITIONS TO THE SIGNIFICAN CONDITIONS OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. O	Dey, Yokij Dey, Y	OF: OF: OF: OATE OF INJUR Month, Day, Yea PLACE OF INJUR Mulding stc., (S	DICAL EXAMINER 509 E. M. ERTIFIER (Type of the type of	If ype or Print) 3 in Print) AND (c)) De not enter (Roque Roque Roque Total tob to the e pxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death and death or and death or and death or any in determining cau	ptween onset
DOTTIONS ANY HIGH CONTROL OF THE CON	30. DATE SIGNED IMONIA. 31. NAME, TITLE, ADDRES Ed Glovis 35. IMMEDIATE CAUSE (E. PART (a) COLOR OUE TO, OR AS A C. BI DUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OTHER SIGNIFICAN CONDITIONS TO THE SIGNIFICAN CONDITIONS OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. PART (C) CA - DATE OUE TO, OR AS A C. O	Dey, Yokij Dey, Y	OF: OF: OF: OATE OF INJUR Month, Day, Yea PLACE OF INJUR Mulding stc., (S	DICAL EXAMINER 509 E. M. ERTIFIER (Type of the type of	(Type or Print) 3 in Printy AND (c)) De net enter of (CAL given in PART L 41c. INJURY AT WORK? M	Roque Roque Roque Total tob to the e pxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	River, O	R 97537 Respusiory Arrest S 38 AUTOPS [] vez Kin	Interval be and death for any interval be and death for any interval be and death and death and death and death or and death or and death or any in determining cau	ptween onset

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

JAN 1 5 1993

DATE ISSUED...

