MTC-71572

M05-64551
Klamath County, Oregon
09/19/2005 02:44:38 PM
Pages 2 Fee: $26.00

After recording return to:
WESTERN TITLE & ESCROW COMPANY
PO BOX 3584
SUNRIVER, OR 97707

Until a change is requested all tax statements shall be sent to the following address:
GABRIELE BURKERT
PO BOX 2044
LAPINE, OR 97739

WARRANTY DEED -- STATUTORY FORM

ROBERT G. WARNKE, Grantor,

conveys and warrants to DAVID L. LINK and GABRIELE BURKERT, as tenants in common, each as to a one half interest
~~GABRIELE BURKERT~~, Grantee,

the following described real property, free of encumbrances except as specifically set forth herein, to wit:
Lot 5, Block 10, FIRST ADDITION TO JACK PINE VILLAGE, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No(s): 2309-025BO-00700-000
Map/Tax Lot No(s): 133527

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is $88,500.00 .

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 this 15 day of September, 2005.

Robert G Warnke
ROBERT G. WARNKE

STATE OF NORTH DAKOTA, COUNTY OF Trail) SS.

This instrument was acknowledged before me on September 15, 2005 by ROBERT G. WARNKE.

Barbara Huus
(Notary Public)
My commission expires April 28, 2006

BARBARA HUUS
Notary Public
State of North Dakota
My Commission Expires Apr. 28, 2006

TITLE NO. 13-0023305
ESCROW NO. 13-0023305

20.00

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

410771 I.D. TAG NO.

PERMANENT BLACK INK. 4F

270 Local File Number

CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Martha	Marie	WARNKE	Female	May 24, 2005

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)
534-47-4703	65			Longview, Washington	January 17, 1940

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check one only.) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not an institution, give street and number.)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
146514 Bill's Road	Gilchrist	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify)	12. SPOUSE (If Married, Widowed)
Homemaker	Own Home	Married	Robert Gene

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Gilchrist	146514 Bill's Road

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.	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	97737	☒ No ☐ Yes	White	12	

17. FATHER'S NAME First Middle Last	18. MOTHER'S NAME First Middle Maiden	19. INFORMANT'S NAME and relationship to deceased
- Johnson	- Rauty	Robert Warnke - Husband

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION (City or Town, State)
☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)	Deschutes Crematorium	Bend, Oregon

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Of Licensee)	22. NAME, ADDRESS AND ZIP CODE OF FACILITY
Bradley S Baird	0474	Baird Memorial Chapel P.O. Box 1530 La Pine, OR 97739

23. DATE FILED (Month, Day, Year) MAY 13 2005

24. REGISTRAR'S SIGNATURE Connie Kunnels

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED? (Has Medical Examiner MUST be notified of all injury and poisoning deaths.)
7:10 AM	☒ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) Lisa Steffey DO

30. DATE SIGNED (Month, Day, Year) 5/15/05

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	M

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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Lisa Steffey, DO 51600 Huntington Rd. La Pine, OR 97739

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Shawna Shelton FNP

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE

PART I		Interval between onset and death
(a)	Failure to thrive	
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	Progressive Supranuclear palsy	
DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES, were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	

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

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

DATE ISSUED: MAY 13 2005

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE