

2006-019189

Klamath County, Oregon



00004555200600191890040046

09/25/2006 11:15:10 AM

Fee: \$36.00

*MTC 74894*  
**WARRANTY DEED -- STATUTORY FORM**

PAUL W SCHARN, SCOTT A SCHARN, DEBRA RAE BAAS AND MARILYN L SPORES,  
who acquired title as Marilyn L Anger, Grantor,

conveys and warrants to

MARK A. LOSCO and JULIE A. LOSCO, husband and wife, Grantee,

the following described real property, free of encumbrances except as  
specifically set forth herein, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE

Tax Account No(s): 147638

Map/Tax Lot No(s): 2407-018DO-03700-000

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 \$170,000.00 .

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE  
SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS  
INSTRUMENT DOES 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, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST  
PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF  
NEIGHBORING PROPERTY OWNERS, IF ANY UNDER ORS 197.352.

Dated this 20<sup>th</sup> day of September, 2006.



*Paul W Scharn*  
PAUL W SCHARN

*Scott A Scharn*  
SCOTT A SCHARN

*Debra Rae Baas*  
DEBRA RAE BAAS

MARILYN L SPORES

\*\*Signed in counterpart

STATE OF OREGON, COUNTY OF Lane, ) SS.

This instrument was acknowledged before me on September 20<sup>th</sup>, 2006 by PAUL W  
SCHARN, SCOTT A SCHARN, DEBRA RAE BAAS and ~~MARILYN L SPORES~~ who acquired title  
as ~~Marliyn L Anger~~. *See attached*

*Kim Mc Bryde*  
(Notary Public for Oregon)  
My commission expires 09-23-07

After recording return to:  
WESTERN TITLE & ESCROW COMPANY OF LANE COUNTY  
497 OAKWAY ROAD, SUITE 340  
EUGENE, OR 97401

Until a change is requested all tax statements  
shall be sent to the following address:  
MARK A. LOSCO AND JULIE A LOSCO  
330 CREST DRIVE  
EUGENE OR 97405  
WTE ESCROW NUMBER: 50-0330706

*30*

## WARRANTY DEED -- STATUTORY FORM

PAUL W SCHARN, SCOTT A SCHARN, DEBRA RAE BAAS AND MARILYN L SPORES,  
who acquired title as Marilyn L Anger, Grantor,

conveys and warrants to

MARK A. LOSCO and JULIE A. LOSCO, husband and wife, Grantee,

the following described real property, free of encumbrances except as  
specifically set forth herein, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE

Tax Account No(s): 147638

Map/Tax Lot No(s): 2407-018D0-03700-000

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 \$170,000.00 .

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE  
SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS  
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APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST  
PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF  
NEIGHBORING PROPERTY OWNERS, IF ANY UNDER ORS 197.352.

Dated this 20 day of September, 2006.

\_\_\_\_\_  
PAUL W SCHARN

\_\_\_\_\_  
SCOTT A SCHARN

\_\_\_\_\_  
DEBRA RAE BAAS

Marilyn L. Spores  
MARILYN L SPORES

STATE OF OREGON, COUNTY OF Deschutes ) SS.

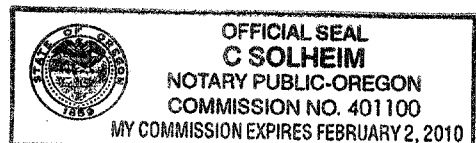
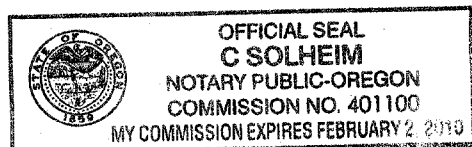
This instrument was acknowledged before me on September 20, 2006 by ~~PAUL W~~  
~~SCHARN, SCOTT A SCHARN, DEBRA RAE BAAS and MARILYN L SPORES~~ who acquired title  
as Marliyn L Anger.

CSO  
(Notary Public for Oregon)  
My commission expires 2/2/10

After recording return to:  
WESTERN TITLE & ESCROW COMPANY OF LANE COUNTY  
497 OAKWAY ROAD, SUITE 340  
EUGENE, OR 97401

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

MARK A. LOSCO AND JULIE A LOSCO  
330 CREST DRIVE  
EUGENE OR 97405  
WTE ESCROW NUMBER: 50-0330706



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

A tract of land situated in the NE1/4 SE1/4 of Section 18, Township 24 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at an iron rod on the East line of SE1/4 NW1/4 of SE1/4 of Section 18, said rod being South thereon a distance of 840.0 feet, from an iron rod marking the Southeast corner of the SE1/4 SW1/4 NE1/4 of Section 18; thence West a distance of 289.10 feet, more or less, to an iron rod; thence continuing West along this line a distance of 4.0 feet, more or less, to the margin of Crescent Creek; thence continuing West along this line a distance of 20.0 feet, more or less, to the centerline of said creek; thence Northerly along said centerline to the intersection of said centerline with a line running East parallel with and 60.0 feet North of the 1<sup>st</sup> course thence East along this line a distance of 15.0 feet, more or less, to the margin of Crescent Creek; thence continuing East along this line a distance of 6.0 feet, more or less, to an iron rod; thence continuing East along this line a distance of 288.20 feet; more or less, to the East line of the SE1/4 NW1/4 SE1/4 of Section 18; thence South along this line a distance of 60.00 feet, to the point of beginning.

Tax Account No: 2407-018D0-03700-000

Key No: 147638

## CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

15

16

17

1. DECEDENT'S NAME First: Dorothy Middle: Mae Last: SCHARN				2. SEX F		3. DATE OF DEATH (Month, Day, Year) August 6, 1990			
4. SOCIAL SECURITY NUMBER 543-12-1610		5a. AGE - Last Birthday (Years) 68		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Elyria, Ohio		7. DATE OF BIRTH (Month, Day, Year) October 18, 1921	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) 2195 W. 24th				9c. CITY, TOWN, OR LOCATION OF DEATH Eugene				9d. COUNTY OF DEATH Lane	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Traffic Clerk				10b. KIND OF BUSINESS/INDUSTRY Clerical		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Leonard	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane		13c. CITY, TOWN, OR LOCATION Eugene		13d. STREET AND NUMBER 2195 W. 24th			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97402		14. 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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
17. FATHER - NAME first middle last Harry D. Millard				18. MOTHER - NAME first middle maiden Vesta - Steen				19. INFORMANT - NAME and relationship to deceased Leonard Scharn, husband	
20a. 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)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lane Memorial Gardens				20c. LOCATION - City or Town, State Eugene, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Kimberly J. Crampston				21b. LICENSE NUMBER (Of Licensee) 0243		22. NAME, ADDRESS AND ZIP OF FACILITY Chapel of Memories Funeral Home 3745 W. 11th, Eugene, OR 97402			
23. DATE FILED (Month, Day, Year) REC'D AUG 7 1990				24. REGISTRAR'S SIGNATURE Victoria Kay Nease					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					
27. TIME OF DEATH Found 7:30 am				28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) Dwayne Rice M.D.	
30. DATE SIGNED (Month, Day, Year) 8-6-90				31a. TIME OF DEATH M				31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 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 OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dwayne L. Rice M.D., 1650 Chambers Street, Eugene, OR 97401				35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1. COPD				37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk				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 type="checkbox"/> No <input type="checkbox"/> N/A				40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Legal Intervention				41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M				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

45-2 REV. 3-90

STATE OF OREGON, COUNTY OF LANE

DATE August 7, 1990

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

Registrar of Vital Statistics

By Victoria Kay Nease  
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON