## WARRANTY DEED



03/20/2007 09:01:38 AM

Fee: \$26.00

Shirley J. Frye, GRANTOR, for valuable consideration consisting of property or value given or promised which is the whole, true and actual consideration herein paid to grantor by Shirley J. Frye Revocable Trust dated February 26, 2007, GRANTEE, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, all her interest in that certain real property, with the tenements, hereditaments and appurtenances thereto belonging or appertaining, situated in Klamath County, Oregon, described as follows, to wit:

PROPERTY DESCRIPTION, Lot 21 in Block 5 of Tract No. 1042, Two Rivers North, according the official plat thereon on file in the Klamath County Oregon Plat Records, in Klamath County, Oregon.

To have and to hold the same unto the said grantee and grantee's heirs, successors, and assigns forever.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple in an undivided one-half interest in the above granted premises, free from all encumbrances excepting: NONE; and that grantor will warrant and forever defend the above granted premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

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.

THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN A FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS THAT, IN FARM OR FOREST ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE AND THAT LIMIT LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30,930 IN ALL ZONES. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. 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, THE EXISTENCE OF FIRE PROTECTION FOR STRUCTURES AND THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

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...

DATED this 26th day of February, 2007.

Shirley J. Frye J. Frye

STATE OF OREGON, County of Lane

} ss.

This instrument was acknowledged before me on February 26th, 2007 by Shirley J. Frye.

OFFICIAL SEAL
SADI I. HAYES
NOTARY PUBLIC-OREGON
COMMISSION NO. 400847
MY COMMISSION EXPIRES DEC. 29, 2009

Sadi Dayes
Notary Public for Oregon

WARRANTY DEED

Shirley J. Frye

GRANTOR

TO:

Shirley J. Frye Revocable Trust dated February 26, 2007

GRANTEE

After Recording Return To:

Brian D. Cox Cox & Associates, LLC 142 West 8<sup>th</sup> Avenue Eugene, Oregon 97401 Until a change is requested, all tax statements shall be sent to the following address:

Shirley J. Frye, Trustee Shirley J. Frye Revocable Trust dated February 26, 2007 2580 Gilham Road Eugene, Oregon 97408

Inside City Limits (specify yes or no) 15e  $\Gamma \Theta S$ WAS MEDICAL EXAMINER NOTIFIED

[50ec/M[55 or No]
25 WAS DECEDENT EVER IN U.S.
ARMED FORCES? [Specify Yes or No] Poole-Larsen 1100 Charnelton St. Eugene, Oregon Interval between onset and death Interval between onset and death tween onset and death 25 Wife Eugene, Oregon STATE June 14, 1917 COUNTY OF DEATH George A. Larson D.O. 21 Hayden Bridge Wy, Springfield, Oregon DATE OF DEATH (month, day, year) DATE OF BIRTH (month, day, year) Shirley J. Frye -, Lane 3:40 last (Maiden Name) INFORMANT—NAME and relationship to deceased DaVis T Twww. T Twww. Service Station HOUR OF DEATH State File Number city or town April 16, CITY OR TOWN KIND OF BUSINESS OR INDUSTRY OP/Eger. Rm. Inpatient (Spec/Y) 7c Inpatient Cont. 150 2580 Gilham Rd. LOCATION SPOUSE (IF MARRIED, WIDOWED) STREET AND NUMBER OR R.F.D., ZIP AUTOPSY (Specify Yes No "Shirley STREET OR R.F.D. NO. 216 4-17.84 Under 1 day DESCRIBE HOW INJURY OCCURRED DATE SIGNED [MO. Day. Y.] DEPARTMENT OF HUMAN RESOURCES 140 CERTIFICATE OF DEATH OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Under 1 year days MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND [c] Vital Records Unit HOSPITAL ON OTHER INSTITUTION—NAME

(If not neither, give sines and number) Hospital

70 SOF M 26d LOCATION NAME AND ADDRESS OF FACILITY CITY, TOWN, OR LOCATION 583 2000 ACCIDENT (Specify Yes or No.) DATE OF INJURY (No. Day, N. In-HOUR OF INJURY) death occared at the time, date and AGE—Last birthday (years) 66 Eugene 214 UCOL BO 11. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Tipe of Print] 22b [Signature] 🗣 PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Spec./y] MOTHER—first CEMETERY OR CREMATORY-NAME REGISTRAR Vernon CITIZEN OF WHAT COUNTRY 5 しょうして Ker. Feat FUNERAL SERVICE LICENSEE OF Person Acting As Such (Yearl) LING HSLS USA Lane Г DATE RECEIVED BY REGISTRAR [MO. Day. 11.] Rhemmeler Cengestice PART (a)

Due To, OR AS A CONSEQUENCE OF: (b) & CASSILLE DUE TO, OH AS A CONSEQUENCE OF: NAME AND ADDRESS OF CERTIF 15b CITY, TOWN OR LOCATION OF DEATH mddie FATHER NAME 111ST middle Carl B. Frye RACE White, Black, American Indian, RESERVED FOR REGISTRAR'S USE Herbert STATE OF BIRTH (If not in USA 560-12-298 SOCIAL SECURITY NUMBER BURIAL CREMATION, REMOVAL MAUS. (Specity) name county) erc (speaWhite To the best of m 21a (Signature) Eugene Oregon RESIDENCE—STATE DECEASED NAME 26a INJURY AT WORK [Specify Yes of Ab] 20a 22a OR CTIONS EE BOOK ANENT TION OF ING THE IRLYING SE LAST 1111 H GAVE

CAIGINAL - VITAL STATISTICS COPY