

MTC 82371

THIS SPACE RESE

2008-006414

Klamath County, Oregon



00045375200800064140020028

05/02/2008 03:28:28 PM

Fee: \$26.00

After recording return to:

JOHN A. LANGHAUSER

30032 N STREET

KLAMATH FALLS, OR 97601

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

JOHN A. LANGHAUSER

30032 N STREET

KLAMATH FALLS, OR 97601

Escrow No. BA107095LR

Title No. 0082371

SWD

STATUTORY WARRANTY DEED

NEAL G BUCHANAN and YOLANDA L BUCHANAN, as tenants by the entirety, Grantor(s) hereby convey and warrant to ~~JOHN A. LANGHAUSER~~, Grantee(s) the following described real property in the County of KLAMATH and State of Oregon free of encumbrances except as specifically set forth herein: *ASB ylb*

LOTS 233, 234, 235, 236 AND 237, RESUBDIVISION OF SOUTHERLY PORTION OF TRACTS B AND C, FRONTIER TRACTS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

*Grantee - JOHN A. LANGHAUSER

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is \$110,000.00.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

Dated this 2nd day of May 2008

Neal G Buchanan

NEAL G BUCHANAN

Yolanda L Buchanan

YOLANDA L BUCHANAN

State of Oregon

County of DESCHUTES

This instrument was acknowledged before me on May 2, 2008 by NEAL G BUCHANAN and YOLANDA L BUCHANAN.



Kristi L. Redd

(Notary Public for Oregon)

My commission expires 11/16/2011

26.00

STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH 4150

E, OR PRIOR IN
IMMEDIATE INK
HANDBOOK FOR
INSTRUCTIONSAL RESIDENCE
BE DECEASED
5. IF DEATH
OCCURRED IN
HOSPITAL, GIVE
PLACE BEFORE
ISSUING.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. William A. EARDENSOHN		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 1, 1975
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 56	MONTHS 5b. 1	DAYS 5c. 13
CITY, TOWN, OR LOCATION OF DEATH 7a. Las Vegas	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Valley Hospital	COUNTY OF DEATH 7d. Clark
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. California	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Elaine Daphne Denton
SOCIAL SECURITY NUMBER 12. 560-01-3656	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Locomotive Engineer	KIND OF BUSINESS OR INDUSTRY 13b. Railroad	
RESIDENCE—STATE 14a. Nevada	COUNTY 14b. Clark	CITY, TOWN, OR LOCATION 14c. Las Vegas	STREET AND NUMBER 14d. 1908 Wengert Ave.
FATHER—NAME 15. William Eardensohn	MOTHER—MAIDEN NAME 16. Julia Rose		
INFORMANT—NAME 17a. Elaine D. Eardensohn, wife		MARITAL ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 1908 Wengert Ave. Las Vegas, Nevada 89104	
PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. (a) Sepsis - Shock		14 hours	
(b) Massive Pulmonary Edema		14 hours	
(c) Bi-Lateral Pneumonia		48 hours	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 19a.		DATE OF INJURY (MONTH, DAY, YEAR) 19b.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 19c.
INJURY AT WORK (SPECIFY YES OR NO) 20a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20c.
CERTIFICATION—PHYSICIAN: 21a. I ATTESTED THE DECEASED FROM 9/12/62 TO 4/1/75		AND LAST SAW ALIVE ON 4/1/75	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21b. 05A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR ON THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. DONALD T. RABED, M.D.		SIGNATURE 22b. [Signature]	DATE SIGNED (MONTH, DAY, YEAR) 22c. 4/1/75
MAILING ADDRESS—CERTIFIER 23a. 3117 RISHNER DR.		CITY OR TOWN 23b. LAS VEGAS, NEV.	STATE 23c. NV 89107
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Palm Valley View Memorial Park	LOCATION 24c. Las Vegas, Nevada	
DATE (MONTH, DAY, YEAR) 24d. April 3, 1975	FUNERAL HOME—NAME AND ADDRESS 24e. Palm Mortuary 1325 North Main, Las Vegas, Nevada 89101	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 24f. Las Vegas, Nevada 89101	
FUNERAL DIRECTOR—SIGNATURE 25a. [Signature]	REGISTRAR—SIGNATURE 25b. [Signature]	DATE RECEIVED BY LOCAL REGISTRAR 25c. 4-4-75	

R312824

R-3606-9DA-8100

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

10800 N 115th Ave #16-65
Youngtown, AZ 85363
OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By:

Date Issued:

FEB 10 1995

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223