

2008-013105

Klamath County, Oregon



00053511200800131050030039



After recording return to:  
Arthur Snyder  
4352 Altamont Drive  
Klamath Falls, OR 97603

Until a change is requested all tax statements  
shall be sent to the following address:  
Arthur Snyder  
4352 Altamont Drive  
Klamath Falls, OR 97603

File No.: 7021-1281088 (DMC)  
Date: September 05, 2008

THIS SPACE R

09/19/2008 03:12:20 PM

Fee: \$31.00

### STATUTORY WARRANTY DEED

**Harley V. Peterschick and Grace Evelyn Peterschick, husband and wife**, Grantor, conveys and warrants to **Arthur Snyder**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LOT 28 OF CASITAS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.**

**Subject to:**

1. Fiscal year real property taxes, a lien not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$88,000.00**. (Here comply with requirements of ORS 93.030)

F36-

APN: R543941

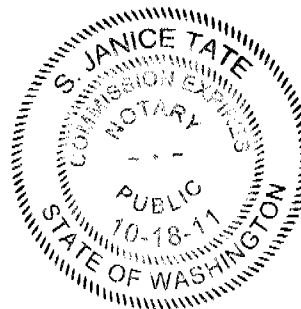
Statutory Warranty Deed  
- continued

File No.: 7021-1281088 (DMC)  
Date: 09/05/2008

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, OF 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, OF CHAPTER 424, OREGON LAWS 2007.

Dated this 12 day of Sept, 2008.

Grace Evelyn Peterschick  
Grace Evelyn Peterschick



STATE OF Washington )  
County of )ss.  
County of )

This instrument was acknowledged before me on this 12 day of Sept, 2008  
by **Grace Evelyn Peterschick**.

Janice Tate

Notary Public for Washington  
My commission expires:

# CERTIFICATION OF VITAL RECORD

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

509265

STATE FILE NUMBER

BLACK INK

I.D. TAG NO.

1. Legal Name <b>Harley Verne Peterschick</b>				2. Death Date (MM/DD/YYYY) <b>January 28, 2008</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - last birthday <b>84</b>	4b. Under 1 Year Months: <b>0</b> Days: <b>0</b>	4c. Under 1 Day Hours: <b>0</b> Minutes: <b>0</b>	5. Social Security Number <b>537-14-1810</b>	6. County of Death <b>Klamath</b>
7. Birthdate (MM/DD/YYYY) <b>January 25, 1924</b>		8a. Birthplace (City/Town or County) <b>Plaza</b>		8b. (State or Foreign Country) <b>Washington</b>	
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify) <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Residence: Number and Street (e.g., 524 SE 5th Street, Apt. No. 8) <b>4352 Altamont Drive</b>				14. City/Town <b>Klamath Falls</b>	
15. Residence County <b>Klamath</b>		16. State or Foreign Country <b>Oregon</b>		17. Zip Code + 4 <b>97603-7806</b>	18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death <b>Married</b>			20. Spouse's Name (if married or widowed, give name prior to first marriage.) <b>Grace Wright</b>		
21. Usual Occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED.") <b>Technical Engineer</b>				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) <b>County Roads</b>	
23. Father's Name (First, Middle, Last, Suffix) <b>Henry W. Peterschick</b>			24. Mother's Name Prior to First Marriage (First, Middle, Last) <b>Minnie Elizabeth Miller</b>		
25. Informant's Name <b>Grace Peterschick</b>		26. Telephone Number <b>(541) 884-7701</b>	27. Relation to Decedent <b>Spouse</b>	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <b>4352 Altamont Drive Klamath Falls OR 97603-7806</b>	
29. Place of Death <b>Decedent's Residence</b>			30. Facility Name		
31. Location of Death (Give address.) <b>4352 Altamont Drive</b>		32. City/Town or Location of Death <b>Klamath Falls</b>		33. State <b>OR</b>	34. Zip Code + 4 <b>97603-7806</b>
35. Method of Disposition <b>Cremation</b>		36. Place of Disposition (Name of cemetery, crematory, or other place) <b>Eternal Hills Crematory</b>		37. Location <b>Klamath Falls, OR 97603-9613</b>	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <b>Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR 97603-9613</b>					
39. Date of Disposition (MM/DD/YYYY) <b>February 1, 2008</b>		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number <b>5224</b>	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MM/DD/YYYY) <b>FEB 07 2008</b>		44. Local File Number <b>057</b>	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death <b>03:35 AM</b>					
CAUSE OF DEATH (See instructions and examples.)					
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ <b>COPO</b>			<b>Years</b>
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓			
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <b>Alzheimer's disease, Cardiovascular Disease</b>					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)					
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <b>Jon McKellar 2300 Clairmont Klamath Falls, OR 97601.1120</b>					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier <b>Medical Doctor</b>		65. License Number <b>MD 18680</b>		66. Date Certified (MM/DD/YYYY) <b>1/28/2008</b>	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>					
68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
69. Record Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

I CERTIFY THAT THIS IS A TRUE, FULLY COMPLETED ORIGINAL VITAL RECORDS COPY. CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

FEB 07 2008

DATE ISSUED

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

