

2008-015310

Klamath County, Oregon



After recording return to:  
Timothy J. Steele and Cassie J. Steele  
1900 Tiffany Street  
Klamath Falls, OR 97601

Until a change is requested all tax statements  
shall be sent to the following address:  
Timothy J. Steele and Cassie J. Steele  
1900 Tiffany Street  
Klamath Falls, OR 97601

File No.: 7021-1303055 (DMC)  
Date: November 03, 2008

THIS SPACE



00056140200800153100050058

11/12/2008 03:31:24 PM

Fee: \$41.00

### STATUTORY WARRANTY DEED

**Lois Lorraine Fincher and Tracy Maurice Fincher, as joint tenants with rights of survivorship,** Grantor, conveys and warrants to **Timothy J. Steele and Cassie J. Steele as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Klamath, State of Oregon, described as follows:

**LOT 36, BLOCK 30, FOURTH ADDITION TO NIMROD RIVER PARK, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.**

**Subject to:**

1. 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 **\$110,000.00**. (Here comply with requirements of ORS 93.030)

F-411-

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 6<sup>th</sup> day of November, 2008.

*Lois Lorraine Fincher by Joanne Randolph*  
Lois Lorraine Fincher *her atty in fact*

Tracy Maurice Fincher

STATE OF ~~Oregon~~

*California*

County of ~~Klamath~~

*Shasta*

This instrument was acknowledged before me on this 6<sup>th</sup> day of November, 2008  
by ~~Lois Lorraine Fincher and Tracy Maurice Fincher~~. *Joanne Randolph in her*  
*authorized capacity and proved to me on the basis of*  
*satisfactory evidence to*  
*be the person who*  
*appeared before me.* *Karen A. Lee*

Notary Public for ~~Oregon~~ *California*  
My commission expires: 6-30-2011



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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Lois Lorraine Fincher

  
Tracy Maurice Fincher

STATE OF Oregon )  
 )ss.  
County of Klamath )

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by **Lois Lorraine Fincher and Tracy Maurice Fincher.**

Notary Public for Oregon  
My commission expires:

See  
attached

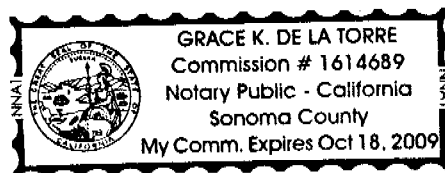
STATE OF CALIFORNIA    )  
                                      ) ss.  
COUNTY OF SONOMA    )

On November 6, 2008, before me, Grace K. DeLaTorre Notary Public, personally appeared **TRACY MAURICE FINCHER**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Grace K. DeLaTorre



## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH512013  
10. TAG NO.

138-

STATE FILE NUMBER

1. Legal Name (Include MA, if any) <b>Lowell FINCHER</b>				2. Death Date (month day year) <b>March 23, 2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last birthday <b>76</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>536-28-4062</b>	6. County of Death <b>Klamath</b>
7. Birthdate (month day year) <b>November 9, 1931</b>		8a. Birthplace (City/Town or County) <b>Downing</b>		8b. (State or Foreign Country) <b>Missouri</b>	9. Decedent's Education <b>7th Grade</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 601 SE 5th Street, Apt. No. 1) <b>25343 Drews Road</b>				14. City/Town <b>Sprague River</b>	
15. Residence County <b>Klamath</b>		16. State or Foreign Country <b>Oregon</b>		17. Zip Code + 4 <b>97639-0000</b>	18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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>Lois Lorraine Sawyer</b>			
21. Usual Occupation (Indicate type of work done during period of working life. DO NOT USE RETIRED.) <b>Mechanic</b>				22. Kind of Business/Industry (do NOT use COMPANY NAME.) <b>Farm Equipment</b>	
23. Father's Name (First, Middle, Last, Suffix) <b>Earl Fincher</b>		24. Mother's Name Prior to First Marriage (First, Middle, Last) <b>Lois Goosey</b>			
25. Informant's Name <b>Tracy M. Fincher</b>		26. Telephone Number <b>707-481-6278</b>	27. Relation to Decedent <b>Son</b>	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <b>934 Harold Lane, Healdsburg, CA 95448-3504</b>	
29. Place of Death <b>Decedent's Residence</b>					
31. Location of Death (Other address) <b>25343 Drews Road</b>		32. City/Town or Location of Death <b>Sprague River</b>		33. State <b>OR</b>	34. Zip Code + 4 <b>97639-0000</b>
35. Method of Disposition <b>Cremation</b>		36. Place of Disposition (name of cemetery, chapel, or other place) <b>Pyramid Cremations</b>		37. Location <b>3939 Avalon Street, Klamath Falls, Oregon 97603-8784</b>	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7134</b>					
39. Date of Disposition (month day year) <b>March 25, 2008</b>		40. Funeral Director's Signature <i>William J. Davenport</i>		41. OFC License Number <b>CO-3104</b>	
42. Registrar's Signature <i>[Signature]</i>		43. Date Registered (month day year) <b>MAR 26 2008</b>		44. Local File Number <b>16</b>	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete this cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death <b>1700</b>
CAUSE OF DEATH (See instructions and completed 7-3)					
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. Final disease or condition resulting in death: <b>Myocardial Infarction</b> Immediately last conditions, if any, leading to the cause listed on line 50: <b>Arteriosclerotic Heart Disease</b> ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death): <b>Hypertension</b>					Approximate Interval: Onset to Death <b>1 hr</b> <b>10y</b>
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <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 1-9 months before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant 10-12 months before death <input type="checkbox"/> Not pregnant, but pregnant 13-24 months before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of injury (month day year)	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 checked="" 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>Kathy Puffenberger, FNP, 2655 Shasta Way, Klamath Falls, OR 97603-4400</b>					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier <b>Family Nurse Practitioner</b>		65. License Number <b>FNP00037198NI</b>		66. Date Signed (month day year) <b>3/23/08</b>	
67. Medical Examiner - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Kathy Puffenberger FNP</i>					
68. Record Amendment					

ORIGINAL - VITAL RECORDS COPY

45-2 (08)

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

DATE ISSUED:

MAR 26 2008

THIS COPY IS NOT VALID WITHOUT THE OREGON STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE