

2009-015488

Klamath County, Oregon



After recording return to:  
William R. Baker  
1023 Merryman Drive  
Klamath Falls, OR 97603

Until a change is requested all tax statements  
shall be sent to the following address:  
William R. Baker  
1023 Merryman Drive  
Klamath Falls, OR 97603

File No.: 7021-1485062 (DMC)  
Date: October 19, 2009

THIS SPACE



12/08/2009 03:20:37 PM

Fee: \$47.00

### STATUTORY WARRANTY DEED

**Donnie Joe Scisson and Marla Erlaine Scisson, husband and wife**, Grantor, conveys and warrants to **William R. Baker**, 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 2 IN BLOCK 21 OF FOURTH ADDITION TO KLAMATH RIVER ACRES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.**

**Subject to:**

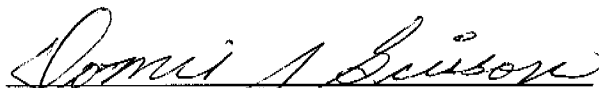
1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$140,000.00**. (Here comply with requirements of ORS 93.030)

F-47-

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 19 day of October, 2009

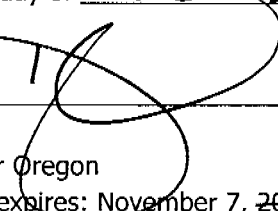
  
Donnie Joe Scisson

\_\_\_\_\_  
Marla Erlaine Scisson

STATE OF Oregon )  
                                  )ss.  
County of Klamath )

This instrument was acknowledged before me on this 19 day of October, 2009  
by **Donnie Joe Scisson and Marla Erlaine Scisson**



  
\_\_\_\_\_  
Dori Crain  
Notary Public for Oregon  
My commission expires: November 7, 2009-2013

## COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

355 TUOLUMNE ST.

VALLEJO, CALIFORNIA 94590

## CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT --- FIRST (Given) <b>MARLA</b>		3. LAST (Family) <b>SCISSON</b>	
2. MIDDLE <b>ELAINE</b>		4. DATE OF BIRTH mm/dd/yyyy <b>05/14/1940</b>	
5. AGE Yrs <b>64</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>NEBRASKA</b>		10. SOCIAL SECURITY NUMBER <b>557-50-8656</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
13. EDUCATION --- Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14. DATE OF DEATH mm/dd/yyyy <b>08/24/2004</b>	
15. DECEDENT'S RACE --- (Up to 3 races may be listed (see worksheet on back)) <b>CAUCASIAN</b>		16. HOURS (24 Hours) <b>0335</b>	
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED <b>KEY PUNCH OPERATOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>STATE GOVERNMENT AGENCY</b>	
19. YEARS IN OCCUPATION <b>30</b>		20. DECEDENT'S RESIDENCE (Street and number or location) <b>1180 MEADOWLARK DRIVE</b>	
21. CITY <b>VACAVILLE</b>		22. COUNTY/PROVINCE <b>SOLANO</b>	
23. ZIP CODE <b>95687</b>		24. YEARS IN COUNTY <b>46</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>DONNIE SCISSON-HUSBAND</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>1180 MEADOWLARK DRIVE VACAVILLE, CA 95687</b>		28. NAME OF SURVIVING SPOUSE --- FIRST <b>DONNIE</b>	
29. MIDDLE <b>JOE</b>		30. LAST (Maiden Name) <b>SCISSON</b>	
31. NAME OF FATHER --- FIRST <b>ROBERT</b>		32. MIDDLE <b>P.</b>	
33. LAST <b>CLARK</b>		34. BIRTH STATE <b>IOWA</b>	
35. NAME OF MOTHER --- FIRST <b>PEARL</b>		36. MIDDLE <b>M.</b>	
37. LAST (Maiden) <b>OUSLEY</b>		38. BIRTH STATE <b>MISSOURI</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>09/04/2004</b>		40. PLACE OF FINAL DISPOSITION <b>RES: DONNIE SCISSON 1180 MEADOWLARK DRIVE VACAVILLE, CA 95687</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>VACA HILLS CHAPEL</b>		44. LICENSE NUMBER <b>FD-1297</b>	
45. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		46. DATE mm/dd/yyyy <b>08/26/2004 BJU</b>	
101. PLACE OF DEATH <b>KAISER HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY <b>SOLANO</b>		104. CITY <b>VALLEJO</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>975 SERENO DRIVE</b>		106. CITY <b>VALLEJO</b>	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CARDIAC ARREST</b> (B) <b>CEREBRAL HEMORRHAGE</b> (C) <b>LEUKEMIA</b> (D) <b>LEUKEMIA</b>		108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (B) MINS (C) HRS (D) WEEKS	
109. BIOPSY PERFORMED? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (B) HRS (C) WEEKS		110. AUTOPSY PERFORMED? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (B) WEEKS	
111. USED IN DETERMINING CAUSE? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (B) WEEKS		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy <b>08/20/2004</b> (B) mm/dd/yyyy <b>08/24/2004</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>RICHARD FLEMING M.D. 975 SERENO DRIVE VALLEJO, CA 94590</b>	
116. LICENSE NUMBER <b>G34616</b>		117. DATE mm/dd/yyyy <b>08/25/2004</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RICHARD FLEMING M.D. 975 SERENO DRIVE VALLEJO, CA 94590</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER <i>[Signature]</i>		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # <b>3610</b>	
CENSUS TRACT		CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION, VALLEJO, CALIFORNIA.

RONALD W. CHAPMAN, MD, MPH  
HEALTH OFFICER AND LOCAL REGISTRAR

DATE ISSUED **09/01/2004**

This copy not valid unless prepared on engraved border, displaying the date, seal and signature of Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

