

EOB

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Susan M. Weaver Brender
801 Cessna Ct.
New Lenox Illinois 60451
Grantor's Name and Address

Erica J. Long
1808 W. Lakeside Dr.
Moses Lake Washington 98837
Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Erica J. Long
1808 W. Lakeside Dr.
Moses Lake Washington 98837

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Erica J. Long
1808 W. Lakeside Dr.
Moses Lake Washington 98837

2010-000798

Klamath County, Oregon



00078335201000007980040040

SPACE RES
FOR
RECORD

01/21/2010 02:53:39 PM

Fee: \$52.00

1st 1506227

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that *** Susan M. Weaver Brender ***

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by

*** Erica J. Long ***

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

Lots 14 and 15 Block 16, Klamath Forest Estates

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):

and that grantor will warrant and forever defend the 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.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$6,000.00. ^① However, the actual consideration consists of or includes other property or value given or promised which is ☐ the whole ☐ part of the (indicate which) consideration. ^① (The sentence between the symbols ^①, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on X Jan - 11 - 2010; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

X Susan M. Weaver Brender
Susan M. Weaver Brender

STATE OF OREGON, County of Will

This instrument was acknowledged before me on X Jan 11, 2010
by Susan M. Weaver Brender

This instrument was acknowledged before me on _____

by _____

as _____

of _____



X Deborah Gail Bachmann
Notary Public for Oregon Illinois
My commission expires X 6/11/2011



First American

First American Title Insurance Company of Oregon

404 Main Street, Ste 1

Klamath Falls, OR 97601

(541)884-5155 - Fax (866)747-7595

AFFIDAVIT OF HEIRSHIP AND INDEMNITY

I/We, **Susan M Weaver Brender**, being first duly sworn, depose and say that:

1. Decedent, died in **Cook** County, State of **Illinois**, on **February 14, 2008** and at time of death was the owner of (real property; mortgage or trust deed on real property) located in **Klamath** County, Oregon as follows:

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

LOTS 14 AND 15, BLOCK 16 KLAMATH FOREST ESTATES KLAMATH COUNTY, OREGON.

2. Decedent left (no will; a will a copy of which is attached) and the estate is not being probated.

3. The next of kin and heirs at law of decedent (including any party who may fit within the guidelines set out in number 4 below) along with their relationship to decedent, approximate age and current address:

Name	Relation/Age	Address/Phone No.
Susan Weaver Brender	daughter (41)	801 Cessna Ct. New Lenox IL 60451
N	N	N
A	A	A

4. If the Decedent died between October 1993 and January 1, 2000, then at the time of Decedent's death, other than those listed above, there are no other parties with whom the deceased lived, either at the time of the decedent's death, or sometime in the past, in a situation similar to "husband and wife" (although not legally married) over a 10 year period.

5. There is no debt of decedent or claim against decedent which is or will become a claim against the estate of decedent.

6. There are no children of deceased children.

7. Decedent did not live or reside in a long term care facility, as defined by ORS 87.501 et seq (e.g. a licensed nursing home, a licensed residential care facility, a licensed adult foster home) either at the time of his/her death or at some time after September 9, 1995.

8. This affidavit is for the purpose of inducing First American Title Insurance Company of Oregon of Oregon to allow next of kin, heir(s) or devisee(s) of decedent to clear the aforementioned real property of the interest of decedent without the necessity of probate of decedent's estate.

9. I/We hereby agree to indemnify and hold harmless of Oregon from any and all liability, obligation, expenses, legal fees or litigation costs which it may incur as a result of the falsity or inaccuracy of any statement contained in this affidavit.

x *[Signature]*

Subscribed and sworn to before me this 11 day of January, 2010.

[Signature]


Notary Public for
My commission expires:

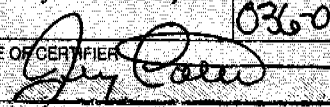


REGISTRATION DISTRICT NO.	16.0
LOCAL FILE NUMBER	

**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Arthur John Weaver				2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 14, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 65	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) April 17, 1942	
7a. CITY OR TOWN Oak Lawn		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Advocate Christ Medical Center			
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER 342-34-3425	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Cora Gambino	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 8720 South Sproat Avenue		13b. APT. NO. _____	13c. CITY OR TOWN Oak Lawn		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60453	14. FATHER'S NAME (First, Middle, Last) Charles Henry Weaver		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lavergne Coburn
16a. INFORMANT'S NAME Cora Weaver		16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 8720 S. Sproat Ave. Oak Lawn, IL 60453	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Holy Sepulchre Cemetery		19. LOCATION - CITY, TOWN AND STATE Alsip, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) February 18, 2008
21a. FUNERAL HOME NAME Edgar Funeral Home		STREET AND NUMBER 10900 South Cicero Avenue		CITY OR TOWN Oak Lawn,	STATE Illinois
21b. FUNERAL DIRECTOR'S SIGNATURE 		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015521		22. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) FEB 20 2008	

CAUSE OF DEATH (See instructions and examples)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
24. PART I. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure					
Due to (or as a consequence of):					
Sequentially list conditions, if any leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST! b. Hypoxic Encephalopathy					
Due to (or as a consequence of):					
c. Renal Failure / Dialysis / Cardiac Arrest					
Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Coronary Artery Disease / Atrial Fibrillation					
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year) No injury		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) _____	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. LOCATION OF INJURY Street and Number _____ Apartment Number _____ City or Town _____ State _____ ZIP Code _____			
35. DESCRIBE HOW INJURY OCCURRED: No injury				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____	
37. (I DID) (I DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 2-13-08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) February 14, 2008	
40. TIME OF DEATH 1:06 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - 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.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) 4040 W. 117th, Oak Lawn, IL 60453				43. PHYSICIAN'S LICENSE NUMBER 036-010297	
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 2-14-08		46. SIGNATURE OF CERTIFIER 	
47. DECEDENT'S EDUCATION - Check the		48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best		49. DECEDENT'S RACE - Check one or more races to indicate what the decedent	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.


STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

FEB 20 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.


COUNTY CLERK