

UTC 80865-LW



THIS SPACE

2010-000905

Klamath County, Oregon



00078475201000009050040041

01/25/2010 03:32:36 PM

Fee: \$52.00

After recording return to:

JACK CARROLL

8229 QUINAULT DR. NE

OLYMPIA, WA 98516

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

JACK CARROLL

8229 QUINAULT DR. NE

OLYMPIA, WA 98516

Escrow No. MT86865-LW

Title No. 0086865

SWD-EM

STATUTORY WARRANTY DEED

ROBERT L. SIGRIST JR. and ~~PENELOPE J. SIGRIST~~, as tenants by the entirety, Grantor(s) hereby convey and warrant to **JACK CARROLL**, 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:

The North half of the East half of Lot 15, Block 14 of Klamath Falls Forest Estates Sycan Unit, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

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 **\$4,900.00**.

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.

52amt

Dated this 22 day of JAN, 2010

Robert L. Sigrist Jr.
ROBERT L. SIGRIST JR.

PENELOPE J. SIGRIST

STATE OF CALIFORNIA

COUNTY OF SONOMA ^{SS.}

On 22 JAN, 2010 before me, _____ personally appeared ROBERT L. SIGRIST JR. and PENELOPE J. SIGRIST personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that THEY executed the same in their authorized capacity(ies), and that by their signatures(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

- SEE ATTACHED -

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Sonoma

On

1/22/10

Date

before me,

Jeremy Tayson, Notary Public

Here Insert Name and Title of the Officer

personally appeared

Robert

L. S. 16, 215

Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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.

Place Notary Seal Above

Signature

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

Signer Is Representing:

Signer's Name:

- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

PLEASE TYPE OR USE BALL POINT PEN SO ALL COPIES ARE LEGIBLE

COPY 1
STATE COPYNORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registration

District No. _____

Local No. _____

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Penelope J. Sigrist				2. SEX F		3. DATE OF DEATH (Month, Day, Year) 11/3/07	
	4. SOCIAL SECURITY NUMBER 559 90 4622		5a. AGE—Last Birthday (Years) 62		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
	6. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		7. BIRTHPLACE (County and State or Foreign Country) Australia					
	8. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Hwy							
	9a. FACILITY NAME (If not institution, give street and number) Hwy 55				9b. CITY, TOWN, OR LOCATION OF DEATH Merritt		9c. INSIDE CITY LIMITS? (Yes or No) No	
	10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Robert Sigrist		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) homemaker		12b. KIND OF BUSINESS/INDUSTRY own home	
	13a. RESIDENCE—STATE NC		13b. COUNTY Pamlico		13c. CITY, TOWN, OR LOCATION Oriental		13d. STREET AND NUMBER 1108 Neuse Dr.	
	14. INSIDE CITY LIMITS? (Yes or No) Yes		15. ZIP CODE 28571		16. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)		17. RACE—American Indian, Black, White, Etc. (Specify) white	
	18. FATHER'S NAME (First, Middle, Last) Leigh Wallman				19. MOTHER'S NAME (First, Middle, Maiden Surname) Bernice Eden			
	20. INFORMANT'S NAME (Type/Print) Robert Sigrist				21. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 1108 Neuse Drive, Oriental, NC 28571			
CAUSE OF DEATH	Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)							Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Blunt abdominal trauma DUE TO (OR AS A CONSEQUENCE OF):							
	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. automobile accident DUE TO (OR AS A CONSEQUENCE OF):							
	c. DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFIER	20a. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc. multiple lower extremity/pelvic fracture							Were Autopsy Findings Available prior to Completion of Death Certificate? 21b. (Yes or No)
	21a. WAS AN AUTOPSY PERFORMED (Yes or No) NO							
	22a. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined		22b. DATE OF INJURY (Month, Day, Year)		22c. TIME OF INJURY (Yes or No)		22d. DESCRIBE HOW INJURY OCCURRED MVA	
	22e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Hwy 55		22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Hwy 55 Merritt NC				22g. TIME OF DEATH 1430 M.	
	23. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier) Robert Sigrist DO							23b. DATE SIGNED (Month, Day, Year) 11/4/07
DISPOSITION	24a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) Holly Bryant CRMC							24b. DATE PRONOUNCED DEAD (Month, Day, Year) 11/3/07
	25a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eastern Carolina Crematory		25c. LOCATION — City or Town, State, Zip Code New Bern NC 28560		25d. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Randy L. Jager	
	25e. NAME AND ADDRESS OF FUNERAL HOME Bryant Funeral Home, Alliance NC		25f. LICENSE NUMBER FS1106		25g. NAME OF EMBALMER —			
	26. REGISTRAR'S SIGNATURE		26b. DATE FILED (Month, Day, Year)			26c. LICENSE NUMBER		
	27.		28.			28a.		

MEDICAL EXAMINER: After you've initiated the certificate of death, give certificate to funeral director when the body is released. If the cause of death is pending, file supplemental report of cause of death (Form VSB-A) when additional information has been obtained.
FUNERAL DIRECTOR: Copies 1 & 2 must be completed and filed with a local registrar within 5 days after death. Copy 3, when signed by medical examiner, is your authorization for final disposition.