

2010-006417

Klamath County, Oregon



00084855201000064170040049

THIS SPACE

05/27/2010 11:46:36 AM

Fee: \$52.00



After recording return to:

Sam A. Starkey

15310 Bancroft Rd  
#0404

Auburn, CA 95602

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

Sam A. Starkey

Sam A. Starkey

File No.: 7021-1568020 (SFK)

Date: May 13, 2010

1st 1568020

### STATUTORY WARRANTY DEED

**Dale R. Wick**, Grantor, conveys and warrants to **Sam A. Starkey and Harold H. Starkey and Rose P. Enos, not as tenants in common but with full rights of survivorship.**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

**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 **\$170,000.00**. (Here comply with requirements of ORS 93.030)

F

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Dated this 27 day of May, 2010.

*Dale R. Wick*  
Dale R. Wick

STATE OF Oregon )  
 )ss.  
County of Klamath )

This instrument was acknowledged before me on this 27 day of May, 2010  
by **Dale R. Wick**.

*Sarah Kness*



Notary Public for Oregon

My commission expires: 10/16/2010

**EXHIBIT A**

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

**A PARCEL OF LAND SITUATED IN THE WEST HALF OF SECTION 14, TOWNSHIP 34 SOUTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**BEGINNING AT A 5/8 INCH IRON PIN ON THE WEST LINE OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 14, FROM WHICH THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER BEARS NORTH 0° 10' 16" EAST 1,201.15 FEET; THENCE FROM SAID POINT OF BEGINNING, SOUTH 00° 10' 16" WEST ALONG THE WEST LINE OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 14, 123.60 FEET TO A 5/8 INCH IRON PIN MARKING THE NORTHWEST CORNER OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 14; THENCE SOUTH 00° 10' 26" WEST ALONG THE WEST LINE OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 14, 665.87 FEET TO A 5/8 INCH IRON PIN MARKING THE SOUTHWEST CORNER OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 14; THENCE NORTH 89° 35' 57" EAST ALONG THE SOUTH LINE OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 14, 1,104.78 FEET TO A 5/8 INCH IRON PIN; THENCE NORTH 789.45 FEET; THENCE SOUTH 89° 35' 57" WEST 1,102.39 FEET TO THE POINT OF BEGINNING.**

After Recording:

First American Title

404 main Street

Klamath Falls OR 97601

Dale Wick PO Box 1429

Chiloquin OR 97624

1st 1568020

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

136-

CERTIFICATE OF DEATH

LD TAG NO. 527470

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) Lynn Nicholson Wick		2. Death Date (MM/DD/YYYY) October 15, 2008	
3. Sex (MF) F	4a. Age - Last Birthday 66	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:
5. Social Security Number 557-58-5724		6. County of Death Klamath	
7. Birthdate (MM/DD/YYYY) February 20, 1942	8a. Birthplace (City/Town, or County) Los Angeles	8b. (State or Foreign Country) California	9. Decedent's Education Associates Degree
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) No.		11. Decedent's Race(s) White	
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., 824 SE 5th Street, Apt. No. 8) 44000 Cowboy Hill Lane		14. City/Town Chiloquin	
15. Residence County Klamath		16. State or Foreign Country Oregon	17. Zip Code + 4 97624
18. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. Marital Status at Time of Death Married		20. Spouse's Name (If married or widowed, give name prior to first marriage.) Dale Wick	
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Licensed Vocational Nurse		22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Medical	
23. Father's Name (First, Middle, Last, Suffix) Burton Russell		24. Mother's Name Prior to First Marriage (First, Middle, Last) Frances Debaloo	
25. Informant's Name Dale Wick		26. Telephone Number 541-783-3746	27. Relation to Decedent Husband
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) P.O. 1429 Chiloquin, OR. 97624			
29. Place of Death Decedent's Residence-Hospice		30. Facility Name	
31. Location of Death (give address) 44000 Cowboy Hill Lane		32. City/Town or Location of Death Chiloquin	33. State OR
34. Zip Code + 4 97624			
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Eternal Hills Crematory	37. Location Klamath Falls
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Eternal Hills Funeral Home 4711 Hwy. 39 Klamath Falls, OR 97603			
39. Date of Disposition (MM/DD/YYYY) October 19, 2008		40. Funeral Director's Signature 	41. OR License Number 603705
42. Registrar's Signature 		43. Date Recorded (MM/DD/YYYY) OCT 20 2008	44. Local File Number 546
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 10:05 A.M.			
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 -> Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE -> a. Due to (or as a consequence of) -> b. Due to (or as a consequence of) -> c. Due to (or as a consequence of) -> d. Due to (or as a consequence of) ->	
Chronic Kidney Disease		15 months	
DMII		13 years	
left atrophic kidney		15 years	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Depression, CHF, HTN, Chronic low back pain			
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 checked="" 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 the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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) Alejandro Rey 2074 South 6th St. Klamath Falls, OR. 97601-3372			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier Medical Doctor		65. License Number MD23908	66. Date Certified (MM/DD/YYYY) October 17, 2008
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.		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			

ORIGINAL - VITAL RECORDS COPY

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

DATE ISSUED:

OCT 20 2008

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANGELICA MOLINA  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON