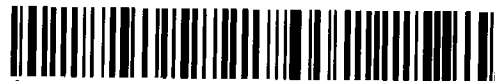


WTC 1396-10229

2010-011964

Klamath County, Oregon



00091438201000119640020020

10/11/2010 11:22:03 AM

Fee: \$42.00

After Recording Return to:

JASON YOUNGBERG and HEATHER E. YOUNGBERG

4170 Starkes Grade Road

Placerville, CA 95667

Until a change is requested all tax statements

Shall be sent to the following address:

JASON YOUNGBERG and HEATHER E. YOUNGBERG

4170 Starkes Grade Road

Placerville, CA 95667

WARRANTY DEED

(INDIVIDUAL)

DONALD RIESCH, herein called grantor, convey(s) to JASON YOUNGBERG and HEATHER E. YOUNGBERG, husband and wife, herein called grantee, all that real property situated in the County of KLAMATH COUNTY, State of Oregon, described as:

Lot 18, Block 2, JUNIPER ACRES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

CODE:008 MAP:3510-035C0 TL:00600 KEY:R274027

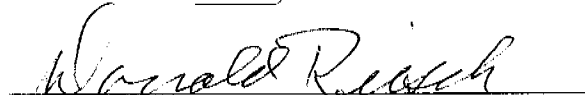
and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$15,000.00.
(here comply with the requirements of ORS 93.930)

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, 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, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Dated October 8, 2010.


DONALD RIESCH



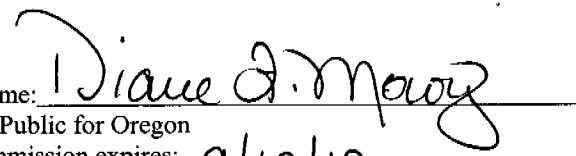
STATE OF OREGON, County of Deschutes) ss.

On October 8, 2010 personally appeared the above named DONALD RIESCH and acknowledged the foregoing instrument to be his voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 68164VW

Before me: 
Notary Public for Oregon
My commission expires: 9/12/12
Official Seal

AMERITITLE has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

42Amf

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

H93407

I.D. TAG NO.

136-

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKA, if any) Margaret Nan RIESCH				2. Death Date (MON DD YYYY) April 2, 2010	
3. Sex (M/F) F	4a. Age - Last Birthday 63	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number 556-72-1780	6. County of Death Klamath
7. Birthdate (MON DD YYYY) Feb 20, 1947		8a. Birthplace (City/Town, or County) Dalhart		8b. (State or Foreign Country) Texas	
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., 524 SE 5th Street, Apt. No. 8) 4900 Bliss Road				14. City/Town Bonanza	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97623-9726	
19. Marital Status at Time of Death Married			20. Spouse's Name (If married or widowed, give name prior to first marriage.) Donald Eugene Riesch		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Housewife				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Own Home	
23. Father's Name (First, Middle, Last) Paul D. Arnold			24. Mother's Name Prior to First Marriage (First, Middle, Last) Audrey Jean Hayes		
25. Informant's Name Donald E. Riesch		26. Telephone Number 541-891-6312		27. Relation to Decedent Husband	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 4900 Bliss Road, Bonanza, OR 97623-9726					
29. Place of Death Decedent's Residence			30. Facility Name " - "		
31. Location of Death (Give address.) 4900 Bliss Road			32. City/Town or Location of Death Bonanza		33. State OR
35. Method of Disposition Donation/Cremation			36. Place of Disposition (Name of cemetery, crematory, or other place) Portland Cremation Center, LLC		37. Location 17819 NE Riverside Parkway, Suite A, Portland, OR 97230-7389
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194					
39. Date of Disposition (MON DD YYYY) To be decided			40. Funeral Director's Signature <i>William J. Davenport</i>		41. OR License Number CO-3104
42. Registrar's Signature <i>Lisa Avila</i>			43. Date Registered (MON DD YYYY) APR 08 2010		44. Local File Number 161
45. Record Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

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 1830	
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 →		IMMEDIATE CAUSE ↓ Hypoxia				2 mos	
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).		Due to (or as a consequence of) ↓ Lung cancer				unk	
		Due to (or as a consequence of) ↓ Smoking				unk	
		Due to (or as a consequence of) ↓					
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 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 (MON 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) Christopher Baumann, MD, 2801 Daggett Avenue, Klamath Falls, Oregon 97601-1106							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Medical Doctor				65. License Number MD#LL#18621		66. Date Signed (MON DD YYYY) 04/04/2010	
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. <i>Christopher Baumann MD</i>				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.

APR 08 2010

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

LISA C. AVILA
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-

