

2011-005001

Klamath County, Oregon



00100664201100050010030039

04/20/2011 11:36:13 AM

Fee: \$47.00

Document type: **BARGAIN AND SALE DEED**

Grantor: **Willa R. Ulmer**

Grantee: **Willa R. Ulmer Revocable Living Trust**

After recording,

return to: **Willa R. Ulmer**  
**54917 Lee Valley Road**  
**Coquille, OR 97423**

Consideration: **None**

Address for Tax Statements:

**Willa R. Ulmer**  
**54917 Lee Valley Road**  
**Coquille, Oregon 97423**

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### **BARGAIN AND SALE DEED**

**Willa R. Ulmer**, Grantor, conveys to the **Willa R. Ulmer Revocable Living Trust** dated January 19, 2011, Grantee, all of her interest in the following-described real property, situated in **Klamath County**, State of Oregon:

A parcel of land in the Southeast quarter of the Southwest quarter of Section 30, Township 24 South, Range 9 East of the Willamette Meridian, more particularly described as follows:

Beginning at a point South 300 feet from the Northeast corner of the SE $\frac{1}{4}$  of SW $\frac{1}{4}$  of said Section 30, said point being the Southeast corner of that parcel of property deeded to Shelby E. Quackenbush and Hershelea Quackenbush by deed recorded June 8, 1972, in Volume M-72 at page 6115; thence South a distance of 200 feet; thence North 50°20' West a distance of 200 feet, more or less, to a point South of the Southwest corner of said Quackenbush parcel; thence North a distance of 100 feet to the Southwest corner of said Quackenbush property; thence East along the said Quackenbush property a distance of 120 feet, more or less, to the point of beginning.

Subject to: Taxes for fiscal year commencing July 1, 1972, which are now a lien but not yet payable; Easements and rights of way of record and those apparent on the land, if any.

**TO HAVE AND TO HOLD** the above described and granted premises unto the said grantees, their heirs and assigns forever.

And I the grantor do covenant that I am lawfully seized in fee simple of the above granted premises free from all encumbrances and that I will and my heirs, executors and administrators, shall warrant and forever defend the above granted premises, and every part and parcel thereof, against the lawful claims and demands of all persons whomsoever.

The true and actual consideration of this conveyance in terms of dollars is **NONE**. This is being transferred for estate planning purposes only.

STATEMENT PURSUANT TO ORS 93.040: THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

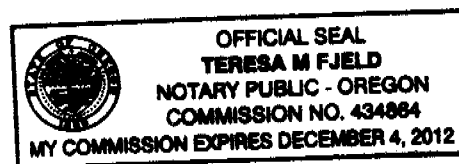
DATED this 22<sup>nd</sup> day of March, 2011.

Willa R. Ulmer  
Willa R. Ulmer, Grantor

STATE OF OREGON     )  
                                      ) ss.  
County of Coos         )

Personally appeared before me this 22<sup>nd</sup> day of March, 2011, the above named Willa R. Ulmer acknowledged the foregoing instrument to be her voluntary act and deed.

Teresa M. Fjeld  
Notary Public for Oregon  
My Commission Expires: 12-4-2012



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

554259

LD. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Frederick Middle: John Last: Ulmer Suffix:		2. Death Date August 10, 2009	
3. Sex Male	4. Age 87 years	5. Social Security Number 543-20-7907	6. County of Death Coos
7. Birthdate November 28, 1921	8. Birthplace Lodi, California		9. Decedent's Education High school grad. or GED
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 54917 Lee Valley Road		14. City/Town Coquille	
15. Residence County Coos	16. State or Foreign Country Oregon	17. Zip Code + 4 97423	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Willia Sargent	
21. Usual Occupation Foreman		22. Kind of Business/Industry B.L.M.	
23. Father's Name John F. Ulmer		24. Mother's Name Prior to First Marriage Christina Burback	
25. Informant's Name Willia Ulmer	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 54917 Lee Valley Road, Coquille, OR 97423
29. Place of Death Hospital-Inpatient		30. Facility Name Bay Area Hospital	
31. Location of Death 1775 Thompson Road		32. City/Town or Location of Death Coos Bay	33. State Oregon
34. Zip Code + 4 97420		35. Method of Disposition Burial	
36. Place of Disposition Myrtle Crest Memorial Gardens		37. Location Coquille, Oregon	
38. Name and Complete Address of Funeral Facility Ameling/Schroeder Funeral Service - Myrtle Point Chapel 404 7th St. Myrtle Point, Oregon 97458			
39. Date of Disposition August 17, 2009		40. Funeral Director's Signature Jay J Westrum	
41. OR License Number CO-3619		42. Registrar's Signature Mona Marlow	
43. Date Received Aug 13, 2009		44. Local File Number 09502	
45. 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 8:13AM	
CAUSE OF DEATH			
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 -> <u>Septic shock</u> Due to (or as a consequence of) a -> <u>shard of glass</u> ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). Due to (or as a consequence of) -> Due to (or as a consequence of) -> Due to (or as a consequence of) ->			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>hypertension and myocardial infarction</u>			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input 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"/> Unknown		55. Date of Injury (MM/DD/YYYY) 8/11/09	
56. Time of Injury 8:13AM		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Coos Bay	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4) 1775 Thompson Road, Coos Bay, Oregon 97420	
60. Describe how injury occurred While driving		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 or RFD No., City/Town, State, Zip + 4) W.S. Richardson, 1900 Woodland Drive, Coos Bay, Oregon 97420			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier Medical Doctor		65. License Number MD12801	66. Date Signed (MM/DD/YYYY) 8/11/09
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. Amendment			

45-2DP (01/06)

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

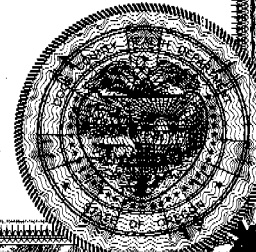
**AUG 13 2009**

DATE ISSUED:

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

*Frances Hall Smith*

FRANCES HALL SMITH  
COUNTY REGISTRAR  
COOS COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE