

BE

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



NORMAN WADE STRUNK
7384 SUSHANA DR. N.
WASILLA, ALASKA 99654
 First Party's Name and Address

Second Party's Name and Address

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

Norman Wade Strunk
7384 N Sushana Dr
Wasilla AK 99654

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

Norman Wade Strunk
7384 N Sushana Dr
Wasilla AK 99654

2011-011731

Klamath County, Oregon



0010892420110017310020025

SPACE RESE

10/20/2011 10:44:39 AM

Fee: \$42.00

FOR
RECORDER'S USE

Witness my hand and seal of County affixed.

NAME

TITLE

By _____, Deputy.

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE dated 10/20/2011, by and between NORMAN WADE STRUNK, the duly appointed, qualified and acting personal representative of the estate of CECIL LEO STRUNK, deceased, hereinafter called the first party, and NORMAN WADE STRUNK CELLENE D. STRUNK HUSBAND & WIFE, hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of KLAMATH, State of Oregon, described as follows, to-wit:

Beginning at a point in the center line of Morningside Lane, a 40 foot roadway, from which the Northwestern corner of the SW1/4 of Section 21, Township 39 S. R. 9 E. W. 1/2, bears South 88°50' West along the center line of the said Morningside Lane, 1435.0 feet; and North 0°10' East along the westerly boundary of the said Section 21, 858.0 feet; and running thence South 0°10' West 505.2 feet, more or less, to a point in the Southern boundary of the SW1/4 of said Section 21; thence North 88°18' East along the said boundary line 160.0 feet; thence North 0°10' East 505.0 feet, more or less, to a point in the center line of the said Morningside Lane; thence South 88°50' West along the said center line 160.0 feet, more or less, to the point of beginning; and containing 1.86 acres, more or less, and being situate in the SW1/4 of Section 21, Township 39 S. R. 9 E. W. 1/2, subject to easement for one-half of Morningside Lane.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

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

IN WITNESS WHEREOF, the first party has executed this instrument; if first party 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, 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.

Norman Wade Strunk

Personal Representative

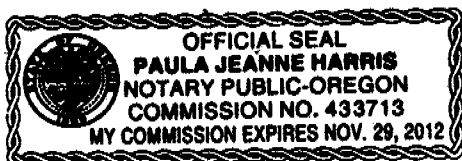
STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on Oct 20th, 2011 by Norman Wade Strunk

This instrument was acknowledged before me on _____

by _____

as _____

of _____



Notary Public for Oregon

My commission expires Nov 29, 2012

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

612977

I.D. TAG NO.

STATE FILE NUMBER

374307

1. Legal Name First: Cecil Middle: Leo Last: Strunk Suffix:				2. Death Date October 06, 2011	
3. Sex Male		4. Age 82 years		5. Social Security Number 541-38-3269	
6. County of Death Klamath		7. Birthdate May 18, 1929		8. Birthplace Woodward, Oklahoma	
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 1470 Morningside Lane		14. City/Town Klamath Falls	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97603	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Widowed		20. Spouse's Name Prior to First Marriage Anna Lou Cook	
21. Usual Occupation Mill Worker		22. Kind of Business/Industry Lumber		23. Father's Name Ernest Vernon Strunk	
24. Mother's Name Prior to First Marriage Desty Flo VonSchrittz		25. Informant's Name Jennifer Nygren		26. Telephone Number Not Available	
27. Relationship to Decedent Daughter		28. Mailing Address 15908 Riveredge Road, Klamath Falls, OR 97601		29. Place of Death Hospital-Inpatient	
30. Facility Name Sky Lakes Medical Center		31. Location of Death 2865 Daggett Avenue		32. City/Town or Location of Death Klamath Falls	
33. State Oregon		34. Zip Code + 4 97601		35. Method of Disposition Burial	
36. Place of Disposition Eternal Hills		37. Location Klamath Falls, Oregon		38. Name and Complete Address of Funeral Facility Eternal Hills Funeral Home	
39. Date of Disposition TBD		40. Funeral Director's Signature Eleanor L. Olson		41. OR License Number CO-3860	
42. Registrar's Signature		43. Date Received OCT 17 2011		44. Local File Number 134	
45. Amendment					

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 10:40	
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 → 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 ↓				minutes	
		a. Respiratory failure				1-2 days	
		b. Acute Myocardial Infarction (AMI) exacerbation				2 weeks	
		c. Pneumonia + AMI				2-3 years	
		d. malnutrition					
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"/> Undetermined <input type="checkbox"/> Accident <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (month/year)		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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4) Courtney Hayashi							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier MD				65. License Number PG15-4934		66. Date Signed (month/year) 10/17/2011	
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. Courtney Hayashi				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							

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

OCT 17 2011

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

