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John B. Retherath  
PO Box 381  
Bonanza Or. 97623  
First Party's Name and Address  
Jacquelyn Lee Olden  
PO Box 381  
Bonanza Or. 97623  
Second Party's Name and Address

2012-000666

Klamath County, Oregon



00112862201200006660020021

SPACE RESER  
FOR  
RECORDER'S USE

01/25/2012 03:18:32 PM

Fee: \$42.00

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy.

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

Jacquelyn Lee Olden  
PO Box 381  
Bonanza Or. 97623

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

Jacquelyn Lee Olden  
PO Box 381  
Bonanza Or. 97623

## PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE dated January 24, 2012, by and  
between Jacquelyn Lee Olden  
the duly appointed, qualified and acting personal representative of the estate of John B. Retherath,  
deceased, hereinafter called the first party,  
and Jacquelyn Lee Olden,  
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 prop-  
erty situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Klamath Falls Forest Estates  
Hwy 66 Plat #2  
Block 48 Lots 20,21,22,29,30,31

Also MFD 1973 Brookwood X#104572

(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 \$ 0. 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.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN  
THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REG-  
ULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON  
ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPRO-  
PRIATE 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.

Personal Representative

STATE OF OREGON, County of Klamath ) ss.

This instrument was acknowledged before me on January 25, 2012,  
by Jacquelyn L. Olden

This instrument was acknowledged before me on \_\_\_\_\_,

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_



Lisa M. Kessler  
Notary Public for Oregon

My commission expires Mar. 13, 2015

# CERTIFICATION OF VITAL RECORD

608934

I.D. TAG NO.

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First John Middle Burnell Last Retterath Suffix			2. Death Date December 20, 2011	
3. Sex Male	4. Age 88 years	5. Social Security Number 554-20-9431		6. County of Death Deschutes
7. Birthdate September 12, 1923		8. Birthplace San Francisco, California		9. Decedent's Education Some college
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 5536 Seagull Drive			14. City/Town Bonanza	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97623
18. Inside City Limits? No		19. Marital Status at Time of Death Widowed		
20. Spouse's Name Prior to First Marriage Elaine Clifton			21. Usual Occupation Air Tanker Pilot	
22. Kind of Business/Industry Fire Fighting			23. Father's Name George Marvin Retterath	
24. Mother's Name Prior to First Marriage Nell Elizabeth Peake			25. Informant's Name Jacquelyn Olden	
26. Telephone Number Not Available		27. Relationship to Decedent Daughter		28. Mailing Address P.O. Box 381, Bonanza, OR 97623
29. Place of Death Hospital-Inpatient			30. Facility Name St. Charles Medical Center - Bend	
31. Location of Death 2500 NE Neff Road			32. City/Town or Location of Death Bend	
33. State Oregon		34. Zip Code + 4 97701		
35. Method of Disposition Cremation			36. Place of Disposition Central Oregon Cremation Center	
37. Location La Pine, Oregon			38. Name and Complete Address of Funeral Facility Baird Funeral Home 2425 NE Tweet Place, Bend, Oregon 97701	
39. Date of Disposition December 29, 2011		40. Funeral Director's Signature Erick R. Scheiderman		41. OR License Number FS-0572
42. Registrar's Signature Andrew Mitchell, Deputy Reg.		43. Date Received January 6, 2012		44. Local File Number 0024
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 5:30 pm				
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 → a. <u>subdural hematoma</u> Due to (or as a consequence of) ↓ b. _____ Due to (or as a consequence of) ↓ c. _____ Due to (or as a consequence of) ↓ d. _____				2 months
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 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 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) Dr. Laura Mandy, MD 2500 NE Neff Rd, Bend, OR 97701				
63. Name and Title of Attending Physician if Other than Certifier Dr. Belya, MD				
64. Title of Certifier Doctor of Medicine		65. License Number MD 25707		66. Date Signed (MM/DD/YYYY) January 5, 2012
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. Dr. Laura Mandy, MD				
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)

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 OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

JAN 06 2012

DATE ISSUED:

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

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE