

WTC 93142

2012-002718
Klamath County, Oregon



00115284201200027180030038

03/13/2012 03:26:40 PM

Fee: \$47.00

GRANTOR:

TRUSTEES OF THE DONALD L KOCH REVOCABLE
149068 MABEL DRIVE
LA PINE, OR. 97739

GRANTEE:

BRENDA JENKINS MARTINDALE
PO BOX 717
COQUILLE, OR. 97423

After Recording Return to:

BRENDA JENKINS MARTINDALE
PO BOX 717
COQUILLE, OR. 97423

Until a change is requested all tax statements

Shall be sent to the following address:

(same as above)

STATUTORY WARRANTY DEED

ELAM J. RHODES, SUCCESSOR TRUSTEE OF THE DONALD L KOCH REVOCABLE TRUST, herein called grantor, convey(s) and warrant(s) to BRENDA JENKINS MARTINDALE, herein called grantee, all that real property situated in the County of Klamath State of Oregon, described as:

A tract of land situated in the W1/2 SE1/4 of Section 27, Township 23 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the South 1/4 corner of said Section 27; thence North 89°46'36" East 662.79 feet; thence North 00°17'12" West 987.89 feet to the TRUE POINT OF BEGINNING; thence North 00°17'12" West 329.30 feet; thence East 661.19 feet; thence South 00°21'21" East 329.31 feet; thence West 661.59 feet to the TRUE POINT OF BEGINNING.

Account No 2310-02700-02500-000 & M-011643
(Tax #) Key no# 137453 and Key # 877957

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 except any real property taxes due but not yet payable; 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 \$55,000.00.

47AHC

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, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated: March 9th 2012

TRUSTEES OF THE DONALD L. KOCH REVOCABLE TRUST

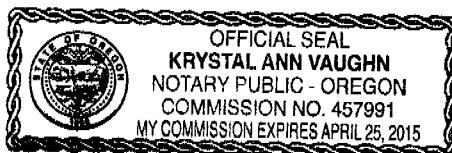
Elam J. Rhodes
ELAM J RHODES, SUCCESSOR TRUSTEE

STATE OF OREGON, County of KLAMATH) ss.

On March 9th 2012, personally appeared the above named ELAM J. RHODES SUCCESSOR TRUSTEE OF THE TRUSTEES OF THE DONALD L KOCH REVOACABLE TRUST and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me: Krystal A. Vaughn
Notary Public for Oregon
My commission expires: April 25, 2015

Official Seal



CERTIFICATION OF VITAL RECORD

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

587538

136-2010-027955

I.D. TAG NO.

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER



Legal Name

First: Donald

Middle: Lorn

Last: Koch

Suffix

Death Date

November 23, 2010

Sex: Male

Age: 78 years

Social Security Number: 534-26-4501

County of Death

Deschutes

Birthdate: September 12, 1932

Birthplace: Ritzville, Washington

Was Decedent Ever in
U.S. Armed Forces? Yes

Residence: 51485 Morson Street #132

City/Town: La Pine

Residence County: Deschutes

State or Foreign Country: Oregon

Zip Code + 4: 97739

Inside City Limits? Yes

Marital Status at Time of Death: Widowed

Spouse's Name Prior to First Marriage: Marie Eaton

Father's Name: - Koch

Mother's Name Prior to First Marriage: Unknown

Informant's Name: Elam John Rhodes

Telephone Number: Not Available

Relationship to Decedent: Other/POA

Mailing Address: - P.O. Box 1261, La Pine, OR 97739

Place of Death: Licensed Adult Foster Home

Facility Name: Cascade View Foster Care

Location of Death: 50792 S Huntington Road

City/Town or Location of Death: La Pine

State: Oregon

Zip Code + 4: 97739

Method of Disposition: Cremation

Place of Disposition: Central Oregon Crem. Center

Location (City/Town and State): La Pine, Oregon

Name and Complete Address of Funeral Facility: Baird Memorial Chapel

16468 Finley Butte Road, La Pine, Oregon 97739

Date of Disposition: November 23, 2010

Funeral Director's Signature: /S/ Dean Marsh

OR License Number: CO-3250

Registrar's Signature: /S/ Scott Johnson

Date Received: November 29, 2010

Local File Number: 1233

Amendment:

↓

Was case referred to Medical Examiner?

No

Autopsy?

No

Were autopsy findings available to complete the cause of death?

Time of Death: 11:05 AM

CAUSE OF DEATH:

Approximate Interval:
Onset to Death

IMMEDIATE CAUSE ↓

a. Arrhythmia 427.9

not stated

Due to (or as a consequence of) ↓

b. Murmur 785.2

not stated

Due to (or as a consequence of) ↓

c. Idiopathic Thrombocytopenia

not stated

Due to (or as a consequence of) ↓

d. Alzheimer's Dementia 294

not stated

Other significant conditions contributing to death:

Manner of Death: Natural

If Female:

Did tobacco use contribute to death?
Unknown

Date of Injury:

Time of Injury:

Place of Injury:

Injury at Work?

Location of Injury:

Describe how injury occurred:

If transportation injury, specify:

Name and Address of Certifier:

Joannie Jeanette Miller

51375 Huntington Road, La Pine, Oregon 97739

Name and Title of Attending Physician if Other than Certifier:

Date Signed:

November 24, 2010

Medical Certifier:

/S/ Joannie Jeanette Miller

Title of Certifier:

N.P.

License Number:

200250124NP

Amendment:



45-2CC (01/06)

20110203108

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

DATE ISSUED: February 11, 2011

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

ANDRIA MITCHELL
DEPUTY REGISTRAR
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON