

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 REVOACABLE
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 ^RREVOACABLE
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.

47Am

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

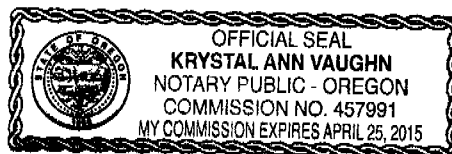
Elam J Rhodes
ELAM J RHODES, SUCCESSOR TRUSTEE

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

I.D. TAG NO.

136-2010-027955

STATE FILE NUMBER


| | | | | | | | | |
|--------------------------------------|---|-----------------|--|--|------------------------------------|---|---|--|
| TO BE COMPLETED BY FUNERAL FACILITY | 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 | | | | | | | |
| TO BE COMPLETED BY MEDICAL CERTIFIER | Was case referred to Medical Examiner? | | No | Autopsy? | | No | 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 | | | | | | | |

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

45-2CC (01/06)

20110203108

