

1895911-SK

2012-007602

Klamath County, Oregon



00121049201200076020040040

07/11/2012 02:45:27 PM

Fee: \$52.00



THIS SPACE R

After recording return to:  
Dan Hudson and Shanna Hudson  
P.O. Box 14  
Buckley, WA 98321

Until a change is requested all tax  
statements shall be sent to the  
following address:  
Dan Hudson and Shanna Hudson  
P.O. Box 14  
Buckley, WA 98321

File No.: 7021-1895911 (SFK)  
Date: May 31, 2012

### STATUTORY WARRANTY DEED

**The Heirs and Devisee of Richard E. Werdeman, deceased**, Grantor, conveys and warrants to **Dan Hudson and Shanna Hudson, husband and wife**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Klamath, State of Oregon, described as follows:

**Lots 16 and 17, Block 29, First Addition to Klamath Forest Estates, Klamath County, Oregon**

**Subject to:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

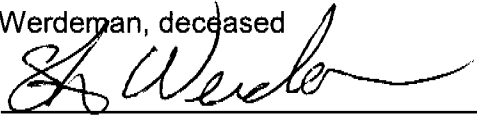
The true consideration for this conveyance is **\$9,500.00**. (Here comply with requirements of ORS 93.030)

F 52 -

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, 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 this 12 day of June, 2012.

The Heirs and Devisee of Richard E.  
Werdeman, deceased



Steven Werdeman, Personal Representative

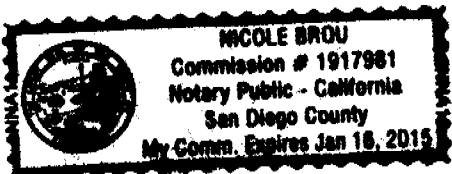
STATE OF ~~Oregon~~ California )  
 )ss.

County of ~~Klamath~~ San Diego )

This instrument was acknowledged before me on this 12<sup>th</sup> day of June, 2012,  
by Richard E. Werdeman as Personal Representative of The Heirs and Devisee of Richard E. Werdeman,  
deceased, on behalf of the .



Notary Public for ~~Oregon~~ California  
My commission expires: Jan. 16 2015



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of San Diego

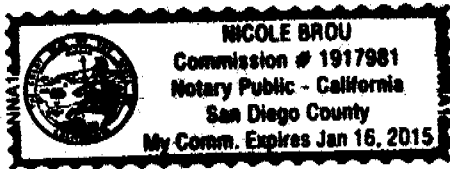
On June 12, 2012 before me, Nicole Brou, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Steven Allen Werdeman  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal Above

Signature: Nicole Brou  
Signature of Notary Public

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Description of Attached Document

Title or Type of Document: Statutory Warranty Deed

Document Date: 6.12.12 Number of Pages: N/A

Signer(s) Other Than Named Above: N/A

### Capacity(ies) Claimed by Signer(s)

Signer's Name: Steven Allen Werdeman Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_ ☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Individual ☐ Individual

☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact ☐ Attorney in Fact

☐ Trustee ☐ Trustee

☐ Guardian or Conservator ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here

After Recording Return to:  
First American Title  
404 main Street, Ste 1  
Klamath Falls, OR 97601

# CERTIFICATION OF VITAL RECORD

156768

I.D. TAG NO.

399

Local File Number

## OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Hazel Middle: Lynn Last: WERDEMAN			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) September 10, 1994
4. SOCIAL SECURITY NUMBER 547-40-1614		5a. AGE-Last Birthday (Years) 62	5b. Under 1 Year Mos: Days: Hours: Mins:	5c. Under 1 Day Mos: Days: Hours: Mins:
6. BIRTHPLACE (City and State or Foreign Country) Bridgeport, CT			7. DATE OF BIRTH (Month, Day, Year) July 5, 1932	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife			10b. KIND OF BUSINESS/INDUSTRY Homemaking	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed, Divorced (Specify) Richard E.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Sprague River	
13d. STREET AND NUMBER P.O. Box 321				
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97639	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		
17. FATHER - NAME first middle last Fred - Carter			18. MOTHER - NAME first middle maiden Jackie McArthur Murphy	
19. INFORMANT - NAME and relationship to deceased Richard Werdeman, husband				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Sheila Davenport</i>			21b. LICENSE NUMBER (Of Licensee) FS 0124	
22. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194				
23. DATE FILED (Month, Day, Year) SEP 13 1994			24. REGISTRAR'S SIGNATURE <i>Debra Simmons</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH 06:20 A M	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Lawrence Cohen MD</i>	
30. DATE SIGNED (Month, Day, Year) September 12, 1994	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Lawrence Cohen, MD, Chilocho Medical	
35. NAME OF ATTENDING PHYSICIAN (Type or Print) R. Rand Hart, MD, OR	
36. IMMEDIATE CAUSE (ENTER PART (a) EMPHYSEMA DUE TO OR AS A COMPLICATION OF (b) CORONARY DUE TO	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year) COUNTY	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DATE ISSUED:

KLAMATH COUNTY, OREGON