

2012-008328

Klamath County, Oregon



00121952201200083280030039

07/31/2012 09:27:08 AM

Fee: \$47.00

After recording, return to:

William D. Brewer
Hershner Hunter, LLP
180 East 11th Avenue
P.O. Box 1475
Eugene, OR 97440-1475

**Until a change is requested,
mail all tax statements to:**

No change.

Tax Account No. R163334
Map & Tax Lot No. R-2607-001A0-07200-000

WARRANTY DEED

Albert M. Bartzat, surviving Trustee of the Bartzat Joint Trust dated January 17, 2002, Grantor, conveys and warrants to Albert M. Bartzat, Trustee of the Norma L. Bartzat Family Trust under agreement dated January 17, 2002; and to Albert M. Bartzat, Trustee of the Albert M. Bartzat Survivor's Trust under agreement dated January 17, 2002, each as to an undivided one-half interest, Grantees, the real property situated in Klamath County, State of Oregon, described below, free of encumbrances except as specifically set forth herein. See copy of death certificate of Norma L. Bartzat attached as Exhibit A.

Lot 19, Block 12 of Tract 1042, Two Rivers North, according to
the official plat thereof on file in office of the County Clerk of
Klamath County, Oregon.

√

The true consideration for this conveyance is none.

The liability and obligations of Grantor to Grantees and Grantees' heirs and assigns under the warranties and covenants contained herein or provided by law shall be limited to the amount, nature and terms of any right of indemnification available to Grantor under any title insurance policy, and Grantor shall have no liability or obligation except to the extent that reimbursement for such liability or obligation is available to Grantor under any such title insurance policy. The limitations contained herein expressly do not relieve Grantor of any liability or obligations under this instrument, but merely define the scope, nature, and amount of such liability or obligations.

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.

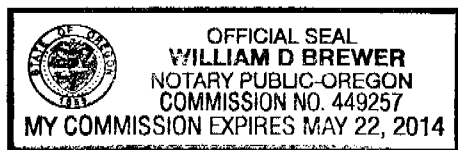
DATED: July 27, 2012.

Albert M. Bartzat

Albert M. Bartzat, surviving Trustee of the Bartzat Joint Trust

STATE OF OREGON)
) ss.
COUNTY OF LANE)

This instrument was acknowledged before me on July 27, 2012, by Albert M. Bartzat, as surviving Trustee of the Bartzat Joint Trust.



William D Brewer
Notary Public for Oregon
My commission expires: 5-22-2014

CERTIFICATION OF VITAL RECORD

COPY

I.D. TAG NO. 603595

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

136-

STATE FILE NUMBER

1. Legal Name (include AKAs, if any)		First	Middle	Last	Suffix	2. Death Date (MON DO YYYY)	
Norma Loraine BARTZAT						August 21, 2011	
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
F	85	Month	Days	Hours	Minutes	Lane	
7. Birthdate (MON DO YYYY)		8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
April 16, 1926		Manistique		Michigan		High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify)		11. Decedent's Race(s)		12. Was Decedent Ever in U.S. Armed Forces?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
No		Caucasian					
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)				14. City/Town		15. Inside City Limits?	
3525 Oxbow Way				Eugene		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. Residence County		16. State or Foreign Country		17. Zip Code + 4		18. Inside City Limits?	
Lane		Oregon		97401		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Marital Status at Time of Death		20. Spouse's Name (If married or widowed, give name prior to first marriage.)					
Married		Albert Milton Bartzat					
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)			
Office Manager				Tool Supply			
23. Father's Name (First, Middle, Last, Suffix)				24. Mother's Name Prior to First Marriage (First, Middle, Last)			
Otis Edmund Nelson				Anna Shoberg			
25. Informant's Name		26. Telephone Number		27. Relation to Decedent		28. Mailing Address (Number & Street, City/Town, State, Zip + 4)	
Albert Bartzat		541-686-8692		Husband		3525 Oxbow Way, Eugene, Oregon, 97401	
29. Place of Death		30. Facility Name					
Decedent's Residence - Hospice							
31. Location of Death (Give address.)				32. City/Town or Location of Death		33. State	
3525 Oxbow Way				Eugene		OR	
35. Method of Disposition				36. Place of Disposition (Name of cemetery, crematory, or other place)		37. Location	
Burial				Willamette National Cemetery		Portland, Oregon	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)							
Musgrove Family Mortuary, 1152 Olive Street, Eugene, Oregon, 97401							
39. Date of Disposition (MON DO YYYY)		40. Funeral Director's Signature		41. OR License Number		42. Local File Number	
August 24, 2011		<i>Robert G. M. E. L.</i>		CO-3864		001724	
43. Registrar's Signature		44. Date Received (MON DO YYYY)		45. Record Amendment		46. Was case referred to Medical Examiner?	
<i>Sharon Meyers</i>		AUG 24 2011				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. Autopsy?		48. Were autopsy findings available to complete the cause of death?		49. Time 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.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6:15 AM		Approximate Interval: Onset to Death	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
Droste							
52. Manner of Death		53. If Female		54. Did tobacco use contribute to death?		55. Date of Injury (MON DO YYYY)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		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, 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, City/Town, State, Zip + 4)							
Sharon Meyers, 1162 Willamette Street, Eugene, Oregon, 97401							
63. Name and Title of Attending Physician [If Other than Certifier]							
64. Title of Certifier							
DO PAEP							
65. License Number		66. Date Signed (MON DO YYYY)		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.			
DO 22949		08/24/2011		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. Record Amendment							

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

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.

DATE ISSUED:

AUG 24 2011

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT A TAGLIO STATE SEAL AND BORDER

EXHIBIT A