

2013-004496

Klamath County, Oregon



00134911201300044960070077

After recording please return to:

Smile4u Inc

PO Box 888

Lynden, WA 98264

APN: R-3611-004-A0-01300

Mail Tax Statements to Above

Seller:

The Beasley Living Trust

PO Box 1408

Oakridge, OR 97463

04/29/2013 09:37:58 AM

Fee: \$67.00

STATUTORY WARRANTY DEED

For and in consideration of \$10 and other valuable consideration paid, the undersigned, **Alvin Richard Beasley (deceased) and Velma Lavern Beasley, Trustees, or their successors in trust under the Beasley Living Trust Dated December 10, 1998**, hereinafter referred to as Grantor, hereby conveys all rights and warrants the title in the following described real estate to **Smile4u Inc., a Washington Corporation**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION: Block 52, Lot 16 of the 4th Addition to Nimrod River Park

Situate in the County of **Klamath** in the state of **Oregon**

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, easements, or encumbrances. The Grantor makes no representation about the suitability of the real estate for a particular purpose or the conditions therein. The Grantee has had an opportunity for due diligence and is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurisdiction finds any provision, clause, or section of this document to be illegal, invalid, or unenforceable as to any circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, or unenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be considered modified so that it shall become legal, valid, and enforceable. If the offending provision, clause, or section cannot be so modified, it shall be considered deleted from this document. Unless otherwise required by law, the illegality, invalidity, or unenforceability of any provision, clause, or section of this document shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this document.

This executory contract represents the final agreement between the parties and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements of the Parties. There are no unwritten oral agreements between the Parties.

JURISDICTION AND VENUE

If litigation is necessary to enforce this agreement, the jurisdiction shall be a court of proper jurisdiction in Whatcom County pursuant to the laws of Washington in force on the date of signing. The prevailing party shall be entitled to all legal costs, including but not limited to; court costs, attorney's fees, service fees, filing fees and all other costs associated with litigation.

APPLICABLE LAW

This Agreement and the rights and obligations of the parties hereunder shall be governed by and interpreted, construed and enforced in accordance with the laws of the State of Washington (regardless of the choice of law principles of Washington or of any other jurisdiction).

Dated this 12th day of April, 2013.

X Beasley Living Trust
Velma Lavern Beasley TTEE
Velma Lavern Beasley, Trustee

STATE OF OREGON

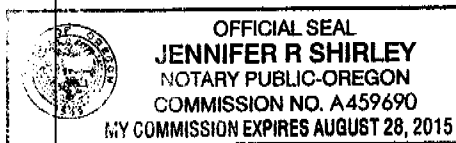
County of Lane } ss. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Beasley Living Trust
Velma Lavern Beasley TTEE is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 12 day of April, 2013

Jennifer Shirley
Notary Signature

Print Name Jennifer Shirley
Notary Public in and for the State of Oregon
My appointment expires: Aug 28 2015



APN : R-3611-004-A0-01300

Affidavit – Death of Trustee

STATE OF Oregon

County of Lane

Velma Lavern Beasley, of legal age, being first duly sworn, deposes and says: That **Alvin Richard Beasley**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Alvin Richard Beasley** named as the Trustee in that certain Declaration of Trust, executed by **Alvin Richard Beasley and Velma Lavern Beasley** as Trustor(s).

At the time of demise of the decedent, the decedent was the record owner, as Trustee, which property is described in a Deed which was signed by **Alvin Richard Beasley and Velma Lavern Beasley** as Grantor(s) on **December 10, 1998**, and recorded as Instrument No. **71464**, on **December 15, 1998**, in book **M98**, page **45758**, of Official Records of Klamath County, Oregon, covering the following described property situated in the County of Klamath, State of Oregon:

Legal Description:

Block 52, Lot 16 of the 4th Addition to Nimrod River Park

There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of ^{Oregon}~~California~~, that the foregoing is true and correct.

Signature : Velma Lavern Beasley

Dated : 12th April 2013

SUBSCRIBED and SWORN to before me :

This 12th day of April, 20 13

(This area for official Notarial seal)

By : Velma Lavern Beasley
Name of person making statement.

Signature Jennifer Shirley
Notarial Officer



Recording Requested By: Smile4u, Inc

Mail Tax Statements to:

Name: Smile4u, Inc

Address: PO Box 888

City, State, Zip: Lynden, WA 98264

CERTIFICATION OF VITAL RECORD

303472

ID. TAG NO.

0290

Local File Number

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

138

State File Number

1. DECEASED'S NAME Alvin Richard BEASLEY		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 8, 2001	
4. SOCIAL SECURITY NUMBER 467-20-5425		5a. AGE - Last Birthday (Years) 75		5b. Under 1 Year Mo. Days	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Wheeler, Texas		7. DATE OF BIRTH (Month, Day, Year) August 14, 1925	
8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Infirmary <input type="checkbox"/> Encampment <input type="checkbox"/> DCA <input type="checkbox"/> Other		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Sacred Heart Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Eugene, Oregon		12. COUNTY OF DEATH Lane	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Agent		14. KIND OF BUSINESS/INDUSTRY Insurance Company		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. RESIDENCE - STATE Oregon		17. CITY, TOWN, OR LOCATION Oakridge		18. STREET AND NUMBER 47960 W. First Street	
19. INDIAN CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 97463		21. PLACE American Indian, Alaska Native, etc. (Specify) White	
22. WAY DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		23. DECEASED'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)		24. DECEASED'S EDUCATION (Specify only highest grade completed) 4	
25. FATHER - NAME last middle first William Gloster Beasley		26. MOTHER - NAME last middle middle Fannie Bell Westbrook		27. INFORMANT - NAME and relationship to decedent Valma LaVern Beasley-Wife	
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Natural body State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forestvale Memorial Park		30. LOCATION - City or Town, State Oakridge, Oregon	
31. SIGNATURE OF PERSON OR FUNERAL SERVICE LICENSEE OR <i>[Signature]</i>		32. OREGON LICENSE NO. (If Unknown) #3638		33. NAME, ADDRESS AND ZIP OF FACILITY Oakridge Chapel of the Woods Funeral Hm 76478 Ash Street Oakridge, Oregon 97463	
34. DATE FILED (Month, Day, Year) FEB 12 2001		35. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
37. TIME OF DEATH 10:25 AM		38. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. <i>[Signature]</i>			
40. DATE SIGNED (Month, Day, Year) February 9, 2001		41. DATE SIGNED (Month, Day, Year) February 9, 2001	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. Warren G. Griffith, DO 48260 Hills Street Oakridge, Oregon 97463 782-4201			
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
44. IMMEDIATE CAUSE OF DEATH (One or more causes may be given) (Type or Print) Acute Heart Failure		45. IMMEDIATE CAUSE OF DEATH (One or more causes may be given) (Type or Print) Acute Myocardial Infarction	
46. DUE TO, OR AS A CONSEQUENCE OF: Severe ASVD		47. DUE TO, OR AS A CONSEQUENCE OF: Severe ASVD	
48. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Cardiomyopathy			
49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		50. DATE OF INJURY (Month, Day, Year) February 8, 2001	
51. TIME OF INJURY 10:25 AM		52. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
53. PLACE OF INJURY - At home, work, street, highway, other (Specify) At home		54. DESCRIBE HOW INJURY OCCURRED At home	
55. LOCATION (Street and Number or Rural Route Number, City or Town, State) Oakridge, Oregon		56. AUTOPEY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

RESERVED FOR REGISTRAR'S USE

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

FEB 12 2001

DATE ISSUED

ADA M. NOBLE
COUNTY REGISTRAR

BEASLEY LIVING TRUST

Article One

Trust Creation

Section 1. Parties to Our Trust

This trust agreement dated Dec 10, 1998, is made between **ALVIN RICHARD BEASLEY**, the husband Trustor, and **VELMA LAVERN BEASLEY**, the wife Trustor, and the following initial Trustees:

ALVIN RICHARD BEASLEY
VELMA LAVERN BEASLEY

Section 2. Name of Our Trust

This trust may be referred to as the:

BEASLEY LIVING TRUST, Dated Dec 10, 1998.

The formal name of our trust and the designation to be used for the transfer of title to the name of our trust is:

ALVIN RICHARD BEASLEY and VELMA LAVERN BEASLEY,
Trustees, or their successors in trust,
under the **BEASLEY LIVING TRUST** Dated Dec 10, 1998,
and any amendments thereto.

Section 3. Revocable Living Trust

Our trust is a revocable living trust.

ARTICLE TWO

THE TRUST ESTATE

Section 1. Initial Transfer of Property

We hereby assign, devise, transfer and deliver to our Trustee all property set forth on Schedule "A" attached hereto and made part of this trust agreement. Our Trustee acknowledges receipt, without consideration, of all assets listed on the attached Schedule.

Assets titled in the name of our trust but not listed on Schedule "A" shall be considered a part of our trust estate to the same extent as if they had been set forth on the attached Schedule.

Section 2. Additional Transfers to Trust

We or any other person or entity may transfer or devise to our Trustee additional assets, real or personal, and may name our Trustee as the beneficiary of life insurance policies, annuities, retirement plans or similar contracts, and such assets, policies and proceeds, upon delivery thereof to our Trustee, shall be a part of the trust estate, subject to all the terms of this trust agreement.

Section 3. Character of Trust Assets

All property transferred into our trust shall be characterized as follows:

a. Joint Marital Estate Property

We hereby acknowledge and declare that all assets, other than community property, transferred to our Trustee, unless specifically designated otherwise at the time of transfer to our Trustee represent a portion of the joint marital estate of the Trustors. Unless otherwise specifically so designated at the time of transfer to our Trustee during our joint lives, other than community property, all assets held by our Trustee subject to this agreement, wherever located, shall be conclusively presumed to have been jointly owned by us at the time of transfer to our Trustee and shall be regarded in the hands of our

Trustee, as the context herein requires, as the unmerged interest of co-tenants owning property in common.

Any transfer of property by a Trustor to our trust which represents joint marital estate property shall be considered an immediate gift to the other Trustor at the time of transfer to our trust, to the extent necessary to result in the property being owned equally by Trustors at all times, regardless of which Trustor initially acquired the property or which Trustor furnished any or all of the consideration for the property.

b. Separate Property

All of the separate property, if any, of either of us, specifically designated as the separate property of either of us at the time of transfer to our Trustee, shall remain the separate property of the contributing Trustor.

c. Community Property

All community property or quasi-community property, if any at the time of transfer to our trust, and the proceeds of all such property, shall continue to be the community property or quasi-community property of both of us.