

1st 2126557



After recording return to:
Peter Phillips
1623 Rector Drive
La Pine, OR 97739

Until a change is requested all tax
statements shall be sent to the
following address:
Peter Phillips
1623 Rector Drive
La Pine, OR 97739

File No.: 7064-2126557 (MG)
Date: July 18, 2013

2013-008860

Klamath County, Oregon

08/05/2013 11:08:35 AM

Fee: \$52.00

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Shanon E. Jordan and Brenna R. Stone, Successor Trustees of the Winifred O. Stone and Doyce W. Stone Revocable Living Trust Dated July 18, 1995, Grantor, conveys and warrants to **Peter Phillips**, 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:

Lot 7 Block 12 First Addition River Pine Estate, according to the official plat thereof on file in the office of the County Clerk of 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.
2. The **2013-2014** Taxes, a lien not yet payable.

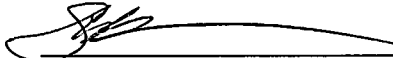
The true consideration for this conveyance is **\$70,000.00**. (Here comply with requirements of ORS 93.030)

52-K

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 2 day of Aug, 2013.

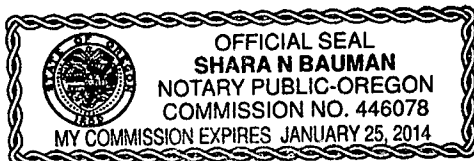
Winifred O. Stone and Doyce W. Stone
Revocable Living Trust Dated July 18, 1995

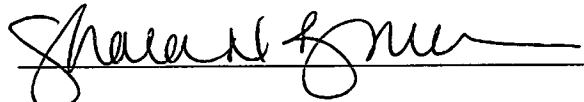

Shanon E. Jordan, Successor Trustee


Brenna R. Stone, Successor Trustee

STATE OF Oregon)
)ss.
County of Deschutes)

This instrument was acknowledged before me on this 2 day of August, 2013
by **Brenna R. Stone and Shanon E. Jordan, Successor Trustees of the Stone Revocable Living Trust.**




Notary Public for Oregon
My commission expires: 1-25-14

CERTIFICATION OF VITAL RECORD

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

522622

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Winifred Middle: Oca Last: Stone Suffix:		2. Death Date August 18, 2009	
3. Sex Female	4. Age 79 years	5. Social Security Number 569-36-6649	
6. County of Death Deschutes	7. Birthdate August 06, 1930		
8. Birthplace Heavener, Oklahoma		9. Decedent's Education 9th - 12th grade	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? No		13. Residence: Number and Street 1623 Rector Drive	
14. City/Town La Pine		15. Residence County Klamath	
16. State or Foreign Country Oregon		17. Zip Code + 4 97739	
18. Inside City Limits? No		19. Marital Status at Time of Death Widowed	
20. Spouse's Name Prior to First Marriage Doyce Wren Stone		21. Usual Occupation Bookkeeper/Owner/Operator	
22. Kind of Business/Industry Towing/Auto Mechanics		23. Father's Name George Robert Varner	
24. Mother's Name Prior to First Marriage Audie Frances Lucinda Barnes		25. Informant's Name Lucinda Ellen Blakemore	
26. Telephone Number Not Available		27. Relationship to Decedent Daughter	
28. Mailing Address P.O. Box 2111, La Pine, OR 97739		29. Place of Death Hospice Facility	
30. Facility Name Hospice Center		31. Location of Death 2075 NE Wyatt Court	
32. City/Town or Location of Death Bend		33. State Oregon	
34. Zip Code + 4 97701		35. Method of Disposition Cremation	
36. Place of Disposition Central Oregon Cremation Center		37. Location La Pine, Oregon	
38. Name and Complete Address of Funeral Facility Baird Memorial Chapel, Inc. 16468 Finley Butte Road, La Pine, Oregon 97739			
39. Date of Disposition August 20, 2009		40. Funeral Director's Signature Bradley Bolt Baird	
41. OR License Number CO-3811		42. Registrar's Signature Anne Olson, Dep. Reg.	
43. Date Received August 21, 2009		44. Local File Number 0802	
45. Amendment			

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 3:55 AM	
CAUSE 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.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death		IMMEDIATE CAUSE				Days	
Sequitentially list conditions, if any, leading to the cause listed on line a.		a. Cardiorespiratory Failure				Days	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		b. Dehydration / malnutrition				Weeks	
		c. Systemic Infection				Weeks	
		d. Coccygeal Wound Infection				Weeks	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Depression / Dementia							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (month day year)		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., 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 or RFD No., City/Town, State, Zip + 4) Lisa Lewis, MD 2075 NE Wyatt Ct. Bend, OR 97701							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Doctor of Medicine				65. License Number MD22810		66. Date Signed (month day year) 08/21/2009	
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.				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. Amendment							

198810

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/06)

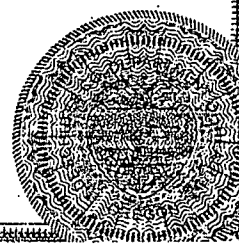
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

Andrea Mitchell
ANDREA MITCHELL
DEPUTY REGISTRAR

DATE ISSUED:

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

DESCHUTES COUNTY, OREGON



CERTIFICATION OF VITAL RECORD

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

505026

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Doyce Middle: Wren Last: Stone Suffix:				2. Death Date July 05, 2008	
3. Sex Male		4. Age 77 years		5. Social Security Number 549-40-1238	
6. County of Death Deschutes		7. Birthdate February 13, 1931		8. Birthplace Memphis, Texas	
9. Decedent's Education 9th - 12th grade		10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street 2599 NE Studio Road #322		14. City/Town Bend	
15. Residence County Deschutes		16. State or Foreign Country Oregon		17. Zip Code + 4 97701	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Winifred O. Varner	
21. Usual Occupation Owner/Operator		22. Kind of Business/Industry Automobile Mechanic		23. Father's Name Ed Stone	
24. Mother's Name Prior to First Marriage Ruth Littrell		25. Informant's Name Winifred O. Stone		26. Telephone Number Not Available	
27. Relationship to Decedent Spouse		28. Mailing Address 2599 NE Studio Road #322, Bend, OR 97701		29. Place of Death Nursing Facility	
30. Facility Name Pilot Butte Rehabilitation Center		31. Location of Death 1876 NE Hwy 20		32. City/Town or Location of Death Bend	
33. State Oregon		34. Zip Code + 4 97701		35. Method of Disposition Cremation	
36. Place of Disposition Deschutes Crematorium		37. Location Bend, Oregon		38. Name and Complete Address of Funeral Facility Deschutes Memorial Chapel	
39. Date of Disposition TBD		40. Funeral Director's Signature Michael R. Garcia		41. OR License Number CO-3136	
42. Registrar's Signature Jacqueline Cooper, Deputy		43. Date Received July 9, 2008		44. Local File Number 612	
45. Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 12:30 PM		CAUSE 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.		51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:		Approximate interval: Onset to Death	
Final disease or condition resulting in death →		IMMEDIATE CAUSE		Years	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) →		Years	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) →			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4) Derek B. Hamblin MD 1501 NE Medical Center Drive, Bend, OR 97701					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier		65. Certifier's Signature [Signature]		66. Date Signed July 9, 2008	
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.		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. Amendment					

106501

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/06)

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

DATE ISSUED:

July 9, 2008

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

Daniel W. Peddy
DANIEL W. PEDDYCORD
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

