

**2014-002520**

**Klamath County, Oregon**

**03/24/2014 12:51:36 PM**

**Fee: \$62.00**

After recording return to:  
Edwin Febus  
RCO Legal, P.S.  
13555 SE 36<sup>th</sup> St., Suite 300  
Bellevue, WA 98006

Mail Tax Statements to:  
Federal National Mortgage Association  
P.O. Box 650043  
Dallas, TX 75265

7210.80003/Kalb, Evelyn and Chesebro, Richard

**WARRANTY DEED**  
**(Deed in Lieu)**

Grantor, Evelyn Ruth Kalb, conveys and specially warrants to Guaranty Bank, Grantee, the following described real property free of encumbrances created or suffered by the Grantor except as specifically set forth herein:

LOT 6 IN BLOCK 7 OF TRACT 1017 - MOUNTAIN LAKES HOMESITES,  
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE  
OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

Tax Parcel No. 3606-017C0-03700-000

This property is free of liens and encumbrances, EXCEPT: subject to easements, conditions, reservations, covenants, agreements, restrictions, rights of way and declarations of record, if any.

The Grantee by accepting and recording this Deed does not intend a merger of its interest under that certain Deed of Trust dated December 28, 2006, recorded on December 29, 2006, under File No. 2006-025650, records of Klamath County with the fee title herein conveyed to take place, and it is the intention of the parties that the property above-described shall remain subject to the lien of said Deed of Trust, which lien shall remain a first lien upon the property.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSONS 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.

The true consideration for this conveyance is \$0.00 and other property or value was either part or the whole consideration.

CONTINUED ON FOLLOWING PAGE

Evelyn R. Kalb  
Evelyn Ruth Kalb

STATE OF Washington )  
COUNTY OF Clark ) ss.:



I certify that I know or have satisfactory evidence that Evelyn Ruth Kalb is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it as the free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 27th day of January, 2014.

Michael A. Kazangian  
Printed Name: Michael A. Kazangian  
Notary Public in and for the State of Washington  
residing at Clark County  
My commission expires: 12/01/16

**WARRANTY DEED**

Evelyn Ruth Kalb, Grantor  
to  
Guaranty Bank, Grantee

After recording return to:  
Edwin Febus  
RCO Legal, PS  
13555 SE 36<sup>th</sup> St., Suite 300  
Bellevue, WA 98006

7210.80003/Kalb, Evelyn and Chesebro, Richard

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**ESTOPPEL AFFIDAVIT**

Evelyn Ruth Kalb, (the "Affiant") being first duly sworn, deposes and states:

That the Affiant is the individual who made, executed, and delivered that certain Warranty Deed (Deed in Lieu) to Guaranty Bank, conveying the following described property ("Property") in Klamath County, Oregon.

LOT 6 IN BLOCK 7 OF TRACT 1017 - MOUNTAIN LAKES HOMESITES,  
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE  
OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

Tax Parcel No. 3606-017C0-03700-000

Commonly known as 32610 Mountain Lakes Drive, Klamath Falls,  
Oregon 97601

That the aforesaid Warranty Deed is intended to be and is an absolute conveyance of the title to the Property to the Grantee named therein, and was not and is now not intended as a mortgage, trust conveyance, or security of any kind; that it was the intention of Affiant as Grantor of the Warranty Deed to convey, and by the Warranty Deed the Affiant did convey, to the Grantee therein all right, title, and interest absolutely in and to the Property; and that possession of the Property has been surrendered to the Grantee;

That in the execution and delivery of the Warranty Deed, Affiant as Grantor was not acting under any misapprehension as to the effect thereof, and acted freely and voluntarily and was not acting under coercion or duress;

That the Warranty Deed shall not cause a merger of the Affiant's interest under the Warranty Deed with the Beneficiary's interest under the Deed of Trust encumbering the Property and granted by Affiant herein, to as Trustee, and to Mortgage Electronic Registration Systems, Inc. (MERS) as a nominee for GN Mortgage, LLC., a Limited Liability Company as Beneficiary, dated December 28, 2006, and recorded on December 29, 2006, under File No. 2006-025650, in the Official Records of Klamath County, State of Oregon (the "Deed of Trust") and described herein, or the related documents. The interest transferred by the Warranty Deed is intended to be a separate interest from the beneficial interest or lender's interest under the Deed of Trust.

The Warranty Deed was not, and is not given as a preference against any other creditors of the Affiant herein; there is no other person or persons, firms or corporations, other than the Affiants therein named interested, either directly or indirectly in said Property; that Grantor is solvent and has no other creditors whose rights would be prejudiced by such conveyance and that Grantor is not obligated upon any bond or other deed of trust whereby any lien has been created or exists against the Property described in said Warranty Deed.

Consideration for the Warranty Deed is payment to Affiant of the sum of \$0.00 by Grantee, and a covenant not to sue to enforce the promissory note dated December 28, 2006, in the amount of \$159,900.00, or to foreclose the Deed of Trust encumbering the Property; that at the time of

making the Warranty Deed, Affiant believed and now believes that this consideration represents the fair value of the Property so deeded.

This affidavit is made for the protection and benefit of the Grantee of said Warranty Deed and AmeriTitle, which is about to insure the title to the Property in reliance thereon, and any other title company that may hereafter insure the title to the Property; That Affiant will testify, declare, depose, or certify before any competent tribunal, officer, or person, in any case now pending or that may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Evelyn R. Kalb  
Evelyn Ruth Kalb



STATE OF Washington )  
COUNTY OF Clark ) ss.:

I certify that I know or have satisfactory evidence that Evelyn Ruth Kalb is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it as the free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 22<sup>nd</sup> day of January, 2014.

Michael A. Kazangian  
Printed Name: Michael A. Kazangian  
Notary Public in and for the State of Washington  
residing at Clark County  
My commission expires: 12/01/16

THIS INSTRUMENT WILL 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 APPROVED USES.

**ESTOPPEL AFFIDAVIT**

Evelyn Ruth Kalb, Grantor  
to  
Guaranty Bank, Grantee

# CERTIFICATION OF VITAL RECORD

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

606912

ID TAG NO

STATE FILE NUMBER

1. Legal Name First: Richard Middle: Alan Last: Chesebro			2. Death Date January 09, 2012	
3. Sex Male	4. Age 67 years	5. Social Security Number [REDACTED]		6. County of Death Klamath
7. Birthdate [REDACTED]	8. Birthplace Olean, New York		9. Decedent's Education Associate's degree	
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 32610 Mountain Lakes Drive			14. City/Town Klamath Falls	
15. Residence County Klamath		16. State or Foreign Country Oregon	17. Zip Code + 4 97601	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Evelyn Ruth Kalb		
21. Usual Occupation Surveyor			22. Kind of Business/Industry Land Surveyor	
23. Father's Name Russell Chesebro		24. Mother's Name Prior to First Marriage Lucille MacWilliam		
25. Informant's Name Evelyn Ruth Kalb		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 32610 Mountain Lakes Drive, Klamath Falls, OR 97601
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 32610 Mountain Lakes Drive		32. City/Town or Location of Death Klamath Falls		33. State Oregon
34. Zip Code + 4 97601		35. Method of Disposition Cremation		
36. Place of Disposition Eternal Hills Crematory		37. Location Klamath Falls, Oregon		
38. Name and Complete Address of Funeral Facility Klamath Tribute Center 6420 S 6th Street, Klamath Falls, Oregon 97603				
39. Date of Disposition TBD		40. Funeral Director's Signature Eleanor L. Olson		41. OR License Number CO-3860
42. Registrar's Signature [Signature]		43. Date Received JAN 13 2012		44. Local File Number 299
45. Amendment				

  

46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 2250	
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 → a. <u>Atherosclerotic and hypertensive heart</u> b. <u>Stroke</u> Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).						4 years	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>① Hypertension ② Hypercholesterolemia</u>							
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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) <u>JAMES N. OLSON MD, OSP, Central Point, OR</u>							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier <u>Deputy State M.C.</u>		65. License Number <u>MD 10050</u>		66. Date Signed (mm/dd/yyyy) <u>1-12-2012</u>			
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. <u>James N. Olson MD</u>			
69. Amendment							

\*395213\*

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/06)

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: \_\_\_\_\_

**JAN 30 2012**

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

