

2015-002238

Klamath County, Oregon

03/13/2015 12:27:01 PM

Fee: \$57.00

Grantor Name and Address:

STEPHANIE A. DUNSIRE  
8140 AUBURN ROAD  
FORT WAYNE, IN 46825

Grantee Name and Address:

STEPHANIE A. DUNSIRE, TRUSTEE  
8140 AUBURN ROAD  
FORT WAYNE, IN 46825

After recording, return to:

JEANNE LONGSWORTH  
LONGSWORTH LAW LLC  
7030 POINTE INVERNESS WAY  
SUITE 330  
FORT WAYNE, IN 46804

Until requested otherwise, send all tax statements to:

STEPHANIE A. DUNSIRE, TRUSTEE  
8140 AUBURN ROAD  
FORT WAYNE, IN 46825

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**QUITCLAIM DEED**

STEPHANIE A. DUNSIRE, a widow, surviving spouse of P. KENNETH DUNSIRE, whose address is 8140 Auburn Road, Fort Wayne, IN 46825 (referred to herein as "Grantor"), hereby releases and quitclaims to STEPHANIE A. DUNSIRE, TRUSTEE, or any successors in trust, under THE STEPHANIE A. DUNSIRE REVOCABLE TRUST AGREEMENT dated October 31, 2000 as amended by a First Amendment dated December 11, 2006, and any amendments thereto, whose address is 8140 Auburn Road, Fort Wayne, IN 46825 (referred to herein as "Grantee"), all of Grantor's interest in and to the following described real property located in Klamath County, Oregon:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF

Property street address: 5848 Bartlett Avenue, Klamath Falls, OR

EXCEPTIONS of record on file with the County of Klamath, Oregon.

The true consideration for this conveyance is: NONE

Dated: 3/4/2015

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.

GRANTOR:

S.A. Dunsire

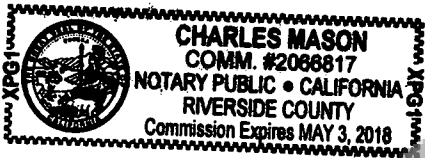
Stephanie A. Dunsire

STATE OF California )  
 ) ss.  
COUNTY OF Riverside )

This instrument was acknowledged before me on march 4th, 2015, by Stephanie A. Dunsire.

[Affix Notary Seal]

[Signature]  
SIGNATURE OF NOTARY PUBLIC  
My commission expires: May 3, 2018



Unofficial Copy

**EXHIBIT A**

Legal Description

LOT 11, BLOCK 3 OF FIRST ADDITION TO FERNDALE, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

*The preparer of this document has been engaged solely for the purpose of preparing this instrument, has prepared the instrument only from the information given and has not been requested to provide, nor has the preparer provided, a title search, an examination of the legal description, an opinion on title or advice on the tax, legal or non-legal consequences that may arise as a result of the conveyance. Further such preparer has not verified the accuracy of the amount of consideration stated to have been paid or upon which any tax may have been calculated nor has the preparer verified the legal existence or authority of any person who may have executed the document. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.*



**CERTIFIED COPY ISSUED BY ALLEN COUNTY**  
**INDIANA STATE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**

217725

Local No 002106

EDR No 000000394761

State No

1. Decedent's Legal Name (First, Middle, Last) <b>PETER KENNETH DUNSIRE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>04:12 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/10/2014</b>	
5. Social Security Number <b>570-98-6565</b>	6a. Age - Yrs <b>82</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>03/01/1932</b>		8. Birthplace (City and State or Foreign Country) <b>SPEARHILL, MAB</b>	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>LUTHERAN HOSPITAL OF INDIANA</b>									
12. City Or Town, State, And Zip Code <b>FORT WAYNE, IN, 46804</b>				13. County Of Death <b>ALLEN</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>STEPHANIE DUNSIRE</b>			15a. (If Wife) Give Maiden Last Name <b>MOORADIAN</b>			16. Decedent's Usual Occupation <b>EXECUTIVE VICE PRESIDENT</b>		17. Kind Of Business/Industry <b>INSURANCE</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>ALLEN</b>		18b. City Or Town <b>FORT WAYNE</b>		18c. Apt. No.		18e. Zip Code <b>46825</b>	
18c. Street And Number <b>8140 AUBURN ROAD</b>								18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>ROBERT ANDERSON DUNSIRE</b>				23. Mother's Name (First, Middle, Last) <b>MARGARET KINNEAR</b>			23a. Mother's Maiden Last Name <b>DUNSIRE</b>		
24. Informant's Name <b>STEPHANIE DUNSIRE</b>			24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8140 AUBURN ROAD, FORT WAYNE, IN 46825</b>				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>RIVERVIEW CEMETERY</b>			25c. Location - City, Town, And State. <b>CHURUBUSCO, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>D.O. MCCOMB &amp; SONS PINE VALLEY PARK, 1320 E. DUPONT ROAD, FORT WAYNE, IN 46825</b>					27a. Funeral Home License Number: <b>FH19500009</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>BRIAN J SHANK, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD21100031</b>			
28. Part I. 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. Enter Only One Cause On A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>INTRACRANIAL HEMORRHAGE</b> Due to (Or As A Consequence Of):  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <b>HYPERTENSION</b> Due to (Or As A Consequence Of):  C.  D.									Approximate Interval: Onset To Death <b>12 HOURS</b> <b>10 YEARS</b>
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>CHRONIC ANTICOAGULATION DUE TO AFIB, ARTIFICIAL HEART VALVE</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input 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 Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>KENT FARNSWORTH, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KENT FARNSWORTH, 7916 WEST JEFFERSON BLVD, FORT WAYNE, IN 46804</b>						44. License Number <b>01041665A</b>		45. Date Certified <b>07/16/2014</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>DEBORAH A. MCMAHAN, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 17 2014</b>			

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT. DATE ISSUED: JUL 17 2014  
 I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH, FORT WAYNE, INDIANA. NOT VALID UNLESS STAMPED WITH OFFICIAL RAISED SEAL.

DIRECTOR/REGISTRAR-VITAL RECORDS DIVISION  
 HEALTH COMMISSIONER-REGISTRAR  
 Deborah A. McMahon