

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

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]

Charles Mason
SIGNATURE OF NOTARY PUBLIC
My commission expires: May 3, 2018

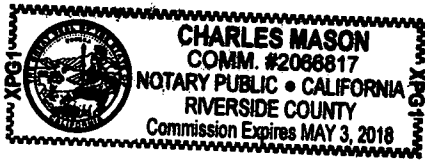


EXHIBIT A

Legal Description

LOT 11, BLOCK 3 OF FIRST ADDITION TO FERNDAL, 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) PETER KENNETH DUNSIRE				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:12 AM	4. Date Of Death (Month/Day/Year) 07/10/2014	
5. Social Security Number 570-98-6565	6a. Age - Yrs 82	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) 03/01/1932		8. Birthplace (City and State or Foreign Country) SPEARHILL, MAB	
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) LUTHERAN HOSPITAL OF INDIANA									
12. City Or Town, State, And Zip Code FORT WAYNE, IN, 46804					13. County Of Death ALLEN		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 STEPHANIE DUNSIRE				15a. (If Wife) Give Maiden Last Name MOORADIAN		16. Decedent's Usual Occupation EXECUTIVE VICE PRESIDENT		17. Kind Of Business/Industry INSURANCE	
18. Residence - State INDIANA			18a. County ALLEN		18b. City Or Town FORT WAYNE		18d. Apt. No.	18e. Zip Code 46825	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ROBERT ANDERSON DUNSIRE				23. Mother's Name (First, Middle, Last) MARGARET KINNEAR			23a. Mother's Maiden Last Name DUNSIRE		
24. Informant's Name STEPHANIE DUNSIRE		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8140 AUBURN ROAD, FORT WAYNE, IN 46825					
25. Place Of Disposition									
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) RIVERVIEW CEMETERY			25c. Location - City, Town, And State. CHURUBUSCO, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility D.O. MCCOMB & SONS PINE VALLEY PARK, 1320 E. DUPONT ROAD, FORT WAYNE, IN 46825						27a. Funeral Home License Number: FH19500009	
27b. Signature Of Indiana Funeral Service Licensee: BRIAN J SHANK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21100031			
Cause Of Death (See Instructions And Examples)									
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. INTRACRANIAL HEMORRHAGE Due to (Or As A Consequence Of): 12 HOURS									
B. HYPERTENSION Due to (Or As A Consequence Of): 10 YEARS									
C. _____ Due to (Or As A Consequence Of): _____									
D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
CHRONIC ANTICOAGULATION DUE TO AFIB, ARTIFICIAL HEART VALVE									
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: KENT FARNSWORTH, BY ELECTRONIC SIGNATURE						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: KENT FARNSWORTH, 7916 WEST JEFFERSON BLVD, FORT WAYNE, IN 46804						44. License Number 01041665A		45. Date Certified 07/16/2014	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: DEBORAH A. MCMAHAN, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 17 2014			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)