


AmeriTitle
MTC 69022 AM

2015-010964

Klamath County, Oregon

10/05/2015 02:45:08 PM

Fee: \$52.00

After recording return to:
Order Number: 107373
 Western Title & Escrow 360 SW Bond, Suite 100 Bend, OR 97702
Grantee Name(s)
Steve E. Washam Alicia Washam 32639 Delbana Ave Pearblossom, CA 93553
Until a change is requested, all tax statements shall be sent to the following address:
Same as Above

Reserved for Recorder's Use

STATUTORY WARRANTY DEED

James L. Stedman, Grantor

conveys and warrants to

Steve E. Washam and Alicia Washam, as tenants by the entirety, Grantee(s), the following described real property free of encumbrances except as specifically set forth herein.

Lot 36 in Block 3 of TRACT NO. 1122, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Account: **R166572**

Map & Tax Lot: **R-2604-001D0-07400-000**

This property is free of encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is **\$165,000.00**. (Here comply with requirements of ORS 93.030.)

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.

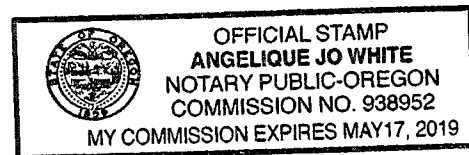
Executed this 2 day of ^{October} ~~September~~, 2015

James L. Stedman
James L. Stedman

State of **Oregon**, County of **Deschutes**) ss.

This instrument was acknowledged before me on this 2 day of ^{October} ~~September~~, 2015 by **James L. Stedman**

[Signature]
Notary Public for the State of Oregon
My commission expires: _____



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

588564
I.D. TAG NO.

136-2011-021108

STATE FILE NUMBER

Legal Name		First Hermelinda	Middle Florida	Last Stedman	Suffix	Death Date August 19, 2011
Sex Female	Age 64 years	Social Security Number 140-48-6379		County of Death Deschutes		
Birthdate October 02, 1946		Birthplace Mazatenango, Guatemala			Was Decedent Ever in U.S. Armed Forces? No	
Residence: 3125 SW Quartz Place				City/Town Redmond		
Residence County Deschutes		State or Foreign Country Oregon		Zip Code + 4 97756		Inside City Limits? Yes
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage James L. Stedman				
Father's Name Pedro Fernandez Cardona				Mother's Name Prior to First Marriage Adelina Benigna Alvarado		
Informant's Name James L. Stedman		Telephone Number Not Available	Relationship to Decedent Spouse		Mailing Address 3125 SW Quartz Place, Redmond, OR 97756	
Place of Death Decedent's Residence - Hospice		Facility Name				
Location of Death 3125 SW Quartz Place		City/Town or Location of Death Redmond		State Oregon	Zip Code + 4 97756	
Method of Disposition Cremation		Place of Disposition Funeral Alternatives Crematory, Bend		Location (City/Town and State) Bend, Oregon		
Name and Complete Address of Funeral Facility Redmond Memorial Chapel 717 SW 6th Street, Redmond, Oregon 97756						
Date of Disposition TBD		Funeral Director's Signature Holly A Houston		Electronically Signed	OR License Number CO-3789	
Registrar's Signature /s/ Andria D Mitchell		Date Received August 31, 2011		Local File Number 0947		
Amendment						

Was case referred to Medical Examiner?		No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 01:22 PM
CAUSE OF DEATH IMMEDIATE CAUSE a. Ovarian Cancer						Approximate Interval: Onset to Death 5 Years
Due to (or as a consequence of) ↓						
Due to (or as a consequence of) ↓						
Due to (or as a consequence of) ↓						
Due to (or as a consequence of) ↓						
Other significant conditions contributing to death						
Manner of Death Natural		If Female Not pregnant within 1 year of death		Did tobacco use contribute to death? No		
Date of Injury	Time of Injury	Place of Injury		Injury at Work?		
Location of Injury						
Describe how injury occurred						
Name and Address of Certifier Theodore Anthony Braich 1501 NE Medical Center Drive, Bend, Oregon 97701						
Name and Title of Attending Physician if Other than Certifier						Date Signed August 30, 2011
Medical Certifier /s/ Theodore Anthony Braich		Title of Certifier M.D.		License Number MD24320		
Amendment						



20140208112

45-2CC (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.

February 12, 2014

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

