



After recording return to:
Gregory T. Wallwork and Nancy
Wallwork
121 Pinto Pony Road
Goldendale, WA 98620

Until a change is requested all tax
statements shall be sent to the
following address:
Gregory T. Wallwork and Nancy
Wallwork
121 Pinto Pony Road
Goldendale, WA 98620

File No.: 7064-2580509 (SNB)
Date: January 08, 2016

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Joan B. Walthall, Grantor, conveys and warrants to **Gregory T. Wallwork and Nancy Wallwork as tenants by the entirety**, 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:

That portion of the W1/2 SE1/4 NW1/4 of Section 13, Township 23 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, lying Northerly of Fred Mahn Road, Excepting Therefrom, that portion thereof lying within the boundaries of Fred Mahn Road.

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.

The true consideration for this conveyance is **\$20,000.00**. (Here comply with requirements of ORS 93.030)

After recording return to:
First American Title
395 SW Bluff Drive, Suite 100
Bend, OR 97702

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.

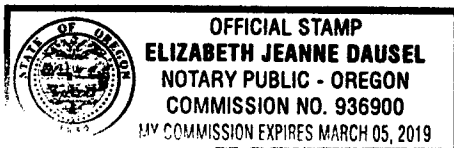
Dated this 29th day of January, 2016.

Joan B. Walthall
Joan B. Walthall

STATE OF Oregon)
)ss.
County of ~~Klamath~~ Coos)

This instrument was acknowledged before me on this 29th day of JAN, 2016
by **Joan B. Walthall**.

Elizabeth Jeanne Dausel



Notary Public for Oregon

My commission expires: 3-5-2019

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

I.D. TAG NO. 662158

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any) First Middle Last Suffix Tommy Don Walthall		2. Death Date (MM/DD/YYYY) June 6, 2013			
3. Sex (MF) Male	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 541-36-1214	6. County of Death Coos
7. Birthdate (MM/DD/YYYY) Dec 4, 1934		8a. Birthplace (City/Town or County) Oilton		8b. (State or Foreign Country) Texas	9. Decedent's Education Associates Degree
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify) No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 210 N. 11th Street			14. City/Town Coos Bay		
15. Residence County Coos		16. State or Foreign Country Oregon		17. Zip Code + 4 97420	18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Married		20. Spouse's Name (If married or widowed, give name prior to first marriage.) Joan Beverly Sacchi			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Collections Agent			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Banking		
23. Father's Name (First, Middle, Last, Suffix) Elmer Eugene Walthall		24. Mother's Name Prior to First Marriage (First, Middle, Last) Veta Lenore Keasler			
25. Informant's Name Joan Walthall		26. Telephone Number 5412672965	27. Relation to Decedent Wife	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 210 N. 11th Street, Coos Bay, OR 97420	
29. Place of Death Licensed Nursing Facility		30. Facility Name Life Care Center of Coos Bay			
31. Location of Death (Give address) 2890 Ocean Boulevard		32. City/Town or Location of Death Coos Bay		33. State Oregon	34. Zip Code + 4 97420
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Ocean View Crematory		37. Location Coos Bay, Oregon	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Coos Bay Chapel, 685 Anderson Avenue, Coos Bay, Oregon 97420					
39. Date of Disposition (MM/DD/YYYY) June 10, 2013		40. Funeral Director's Signature Michael Schmalz		41. OR License Number CO-3828	
42. Registrar's Signature Michael Schmalz		43. Date Received (MM/DD/YYYY) June 7, 2013		44. Local File Number 113339	
45. Record 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 5:36 a.m.					
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: Coronary & Peripheral Artery Disease, Diabetes type II, Atrial Fibrillation, Smoking					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant at time of death <input type="checkbox"/> Pregnant at time 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 <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" 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, 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, City/Town, State, Zip + 4) Robert Gerber MD, 1900 Woodland Drive, Coos Bay, Oregon 97420					
63. Name and Title of Attending Physician (If Other than Certifier)					
64. Title of Certifier Medical Doctor		65. License Number MD18057		66. Date Signed (MM/DD/YYYY) June 10, 2013	
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. Record Amendment					

ORIGINAL - VITAL RECORDS COPY

45-2 (01/11)

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:

JUN 07 2013

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE