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02/09/2016 03:21:58 PM

Fee: \$62.00

Returned at Counter

WHEN RECORDED RETURN TO:

Name: Gerald D. Warren & Janice J. Warren
Address: POB 188
City, State, Zip: Midland, OR 97634

Until a change is requested all tax statements
shall be sent to the following address:

Name: Gerald D. Warren & Janice J. Warren
Address: POB 188
City, State, Zip: Midland, OR 97634

AFFIANT'S DEED
Small Intestate Estate ORS 114.545

Grantor(s): Estate of Douglas R. Warren
Grantee(s): Gerald D. Warren and Janice J. Warren, husband and wife
Abbreviated Legal: W 1/2 of Lot 21 in Block 2 of FIRST ADDITION TO ALTAMONT ACRES
Tax Parcel No.: R527120

THE GRANTOR, THE ESTATE OF DOUGLAS R. WARREN, by Janice J. Warren as the Affiant and claiming successor of Douglas R. Warren, Deceased, pursuant to the Small Estate Affidavit Intestate Estate of Douglas R. Warren filed in Klamath County Oregon, Estate Number 1403222CV and in consideration of no consideration pursuant to ORS 114.545 (1)(f) conveys and Quit Claims to Gerald D. Warren and Janice J. Warren, husband and wife (who are the surviving parents of the Deceased), without warranty, all of the estate, right, title and interest of the estate of the deceased, whether acquired by operation of law or otherwise, in that certain real property situated in the County of Klamath, State of Oregon, together with all after acquired title of the grantor(s) herein:

The W 1/2 of Lot 21 in Block 2 of FIRST ADDITION TO ALTAMONT ACRES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Parcel No.: R527120

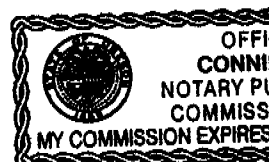
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED February 9, 2016

Janice J. Warren, Affiant
Janice J. Warren, Affiant


Gerald D. Warren
Gerald D. Warren

Janice J. Warren
Janice J. Warren

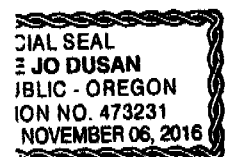
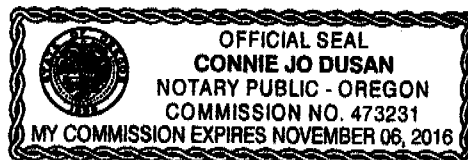


STATE OF OREGON)
COUNTY OF Klamath) ss.

On this day personally appeared before me Gerald D. Warren and Janice J. Warren to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9th day of February, 2016 ~~2015~~ ²⁰¹⁶ 

Connie Jo Dusan
NOTARY PUBLIC and for the
State of Oregon
Residing at _____
My Commission Expires Nov. 6, 2016



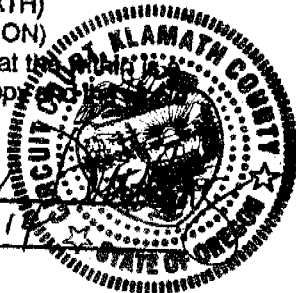
BC NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

County of KLAMATH
STATE OF OREGONI hereby certify that the
true and correct copy
of the original.

Clerk of Court

By

Date



OCT 24 PM 3:05

In the Probate Court of the County of KLAMATH, Oregon

In the Matter of the Estate of:

DOUGLAS RALPH WARREN

Deceased.

Estate No. 1403222CV
SMALL ESTATE AFFIDAVIT
INTESTATE ESTATE
(AMENDED)STATE OF OREGON, County of KLAMATH ss.I, JANICE JUNE WARREN, being first duly sworn, depose and say that: I am a
claiming successor of the above named decedent. My address is 20706 KENO WORDEN RD.MAILING ADDRESS: PO BOX 188 MIDLAND, OR 97634, and my telephone number is 541-883-3608

This affidavit is made pursuant to ORS 114.505 to 114.560.

(1) Name of Decedent DOUGLAS RALPH WARREN Age 53 Soc. Sec. No. 534-68-8329Domicile/Post Office Address 3239 BOARDMAN AVE, KLAMATH FALLS, OR 97603-5714(2) Decedent died on JULY 6, 2014, at HIS RESIDENCE (3239 BOARDMAN, K. FALLS)

A certified copy of decedent's death record is attached hereto to ORIGINAL AFFIDAVIT

(3) A description of all of decedent's property, including the fair market value of the real property and the fair market value
of the personal property, is:

Real Property Legal Description (Including County)

Fair Market Value

3239 BOARDMAN AVE, KLAMATH FALLS, OR 97603 KLAMATH COUNTY# 70,300PROPERTY ID #R522120 MAP TAX LOT R-3909-003 CA-06500-000

Personal Property Description

Fair Market Value

1995 CHEVROLET SILVERADO ID# 1GCEK19K15E212857 (WITH CANOPY)# 4,0912006 YAMAHA GUAD ID# JY4AH12Y460029108# 1,500BGA CHECKING, PACIFIC CREST SAVINGS, CASH, CHARLES SCHWAB RETIREMENT# 15,340HOUSEHOLD, TOOLS, GARDEN EQUIPMENT, PERSONAL EFFECTS# 15,000

(4) No application or petition for the appointment of a personal representative has been granted in Oregon.

(5) The decedent died intestate.

(6) Decedent's heirs, and the last address of each as known to affiant, are:

Name

Last Known Address

GERALD DON WARRENP.O. BOX 188, MIDLAND, OR 97634JANICE JUNE WARRENP.O. BOX 188, MIDLAND, OR 97634A copy of this affidavit showing the date of filing will be delivered to each heir or mailed to each heir at the heir's last known
address stated above.

(7) The interest in decedent's property to which each heir is entitled is:*

Name

Interest

GERALD DON WARREN - PARENT2011 ORS 112.045 (2) (5)JANICE JUNE WARREN - PARENT2011 ORS 112.045 (2) (5)*If any property of decedent's estate escheats (i.e., reverts to the state for want of an individual to inherit), use a portion of this paragraph to so state. Describe the property and interest
therein which will escheat.

(CONTINUED)



(8) Reasonable efforts have been made to ascertain creditors of the estate. The expenses of and claims against the estate remaining unpaid or on account of which the affiant or any other person is entitled to reimbursement from the estate, including the known or estimated amounts thereof, and the names and addresses of the creditors, as known to the affiant, are (if none, so state):

Name of Creditor	Address	Nature of Expense/Claim	Known or Estimated Amount
DR. JAMES LOOS, M.D. PC	2900 DOCTORS PARK DR. #100 MEDFORD, OR 97504-8198	PRE-OP & SURGERY	808.87
ASANTE PATIENT FINANCIAL SERV. P.O. BOX 4749	MEDFORD, OR 97501	PRE-OP	366.88
ASANTE PHYSICIAN PARTNERS	P.O. BOX 748157 LOS ANGELES, CA 90044	CRITICAL CARE	136.60
SO. OR. HOSPITALISTS, PC	2640 BARNETT RD. E-333 MEDFORD, OR 97504	HOSPITAL CARE	79.52
VISTA PATHOLOGY LAB, LLC	P.O. BOX 1470 PHOENIX, OR 97535-1470	TISSUE EXAM	95.34
ANESTHESIA ASSOC. of MEDFORD	P.O. BOX 1705 MEDFORD, OR 97501-0132	ANESTHESIA	270.48
LAURIE L. CALLAHAN NPNFA	2668 MONTARA DR. MEDFORD, OR 97504-2170	SURGERY	61.15

A copy of the affidavit showing the date of filing will be delivered to each creditor who has not been paid in full or mailed to such creditor at the creditors's last known address stated above.

(9) The name and address of each person known to the affiant to assert a claim against the estate that the affiant disputes, and the last known or estimated amount thereof, are (if none, so state):

Name	Address	Known or Estimated Amount
UNKNOWN		

A copy of the affidavit showing the date of filing will be delivered or mailed to each such person at each such person's last known address.

(10) A copy of the affidavit showing the date of filing will be mailed or delivered to the Department of Human Services and to the Oregon Health Authority, P.O. Box 14021, Salem, OR 97309-5024.*

(11) Claims against the estate not listed herein or in amounts larger than those listed herein may be barred unless:

(a) A claim is presented to the affiant within four months of the filing of this affidavit at the following address:

P.O. Box 188, MIDLAND, OR 97634

; or

(b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

(12) The claim(s), if any, listed in Section (9) may be barred unless:

(a) A petition for summary determination is filed within four months of the filing of this affidavit; or

(b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

SIGNED AND SWORN TO before me on September 24, 2014
by JANICE June WARREN

Connie Jo Dusan
Notary Public for Oregon

My commission expires Nov. 6, 2016



*At time of publication, a single copy delivered to this address provides sufficient notice to both agencies.

NOTE - A creditor of an estate of a decedent who dies intestate and without heirs must receive written authorization from the Director of the Division of State Lands before filing an affidavit pursuant to ORS 114.515. Creditors should become familiar with and comply with this statute before proceeding.

ORS 114.515 specifies maximum values for small estates. Before filing a small estate, review this statute to be sure the fair market value of the estate's property does not exceed these limits.

ORS 114.54(3) requires that an affiant's or claiming successor's deed executed in the manner required by ORS Chapter 93 be recorded in the deed records of any county in which real property belonging to the decedent is situated.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

690817

I.D. TAG NO.

STATE FILE NUMBER

4404055

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name First: Douglas Middle: Ralph Last: Warren		2. Death Date July 06, 2014	
3. Sex Male	4. Age 53 years	5. Social Security Number 534-68-8379	
7. Birthdate September 17, 1960		8. Birthplace Vancouver, Washington	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
13. Residence: Number and Street 3239 Boardman Avenue		14. City/Town Klamath Falls	
16. Residence County Klamath		17. Zip Code + 4 97603	
18. Marital Status at Time of Death Divorced		19. Spouse's Name Prior to First Marriage No	
21. Usual Occupation Forklift Driver		22. Kind of Business/Industry Door & Window Manufacturing	
23. Father's Name Gerald Don Warren		24. Mother's Name Prior to First Marriage Janice June Morris	
26. Informant's Name Janice J Warren		27. Relationship to Decedent Mother	
29. Place of Death Decedent's Residence		30. Facility Name	
31. Location of Death 3239 Boardman Avenue		32. City/Town or Location of Death Klamath Falls	
36. Method of Disposition Cremation		37. State Oregon	
38. Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd		39. Zip Code + 4 97603	
42. Date of Disposition TBD		43. Funeral Director's Signature Gary J Mueller	
44. Registrar's Signature Boch C. Anderson		45. Date Received JUL 11 2014	
46. Amendment		47. Local File Number	

TO BE COMPLETED BY MEDICAL CERTIFIER

48. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		51. Time of Death 1317	
CAUSE OF DEATH							
52. 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.							
Final disease or condition resulting in death: Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE: a. <u>Undetermined</u> b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓				Approximate Interval: Onset to Death <u>Unknown</u>	
53. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>Diabetes, Asthma, status post prostatectomy</u>							
54. 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		55. 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		56. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
57. Date of Injury (MM/DD/YYYY)		58. Time of Injury		59. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		60. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
61. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
62. Describe how injury occurred							
63. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) David S. Dasso, MD, 1905 Main Street, Klamath Falls, Oregon 97601-2638						64. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
65. Name and Title of Attending Physician if Other than Certifier							
66. Title of Certifier Medical Doctor				67. License Number MD#16850			
68. 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. <u>David Dasso</u>				69. Date Signed (MM/DD/YYYY) 7/10/14			
70. 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.							
71. Amendment							

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:

JUL 11 2014

JENNIFER A. WOODWARD

