2016-004458
Klamath County, Oregon

00185868201600044580030032

05/03/2016 08:36:34 AM Fee: $52.00

After recording, return to:

William D. Brewer
Hershner Hunter, LLP
P.O. Box 1475
Eugene, OR 97440

Until a change is requested, mail all tax statements to:

Thomas Osgood, MD and Eleanor Reali
Ttees of Thomas Osgood Revocable Trust No. 2
3138 Airlie Street
Charlotte, NC 28205

Tax Account No. R889216
Map & Tax Lot No. R-3808-010BO-09300-000

WARRANTY DEED

Thomas M. Osgood, surviving spouse of Margaret P. Osgood, Grantor, conveys and warrants to Thomas B. Osgood, MD and Eleanor Reali, Successor Trustees of the Thomas J. Osgood Revocable Trust Number Two, U/A/D July 31, 2104, Grantee, the real property situated in Klamath County, state of Oregon, described below, free of encumbrances except as specifically set forth herein. See copy of death certificate of Margaret P. Osgood attached as Exhibit A.

Lot 941, RUNNING Y RESORT, PHASE 11, FIRST ADDITION, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true consideration for this conveyance is none.

The liability and obligations of Grantor to Grantee and Grantee's successors and assigns under the warranties and covenants contained herein or provided by law shall be limited to the amount, nature, and terms of any title insurance coverage available to Grantor under any title insurance policy, and Grantor shall have no liability or obligation except to the extent that reimbursement for such liability or obligation is available to Grantor under any title insurance policy. The limitations contained herein expressly do not relieve Grantor of any liability or obligations under this instrument, but merely define the scope, nature, and amount of such liability or obligations.

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: April 21, 2016.

Thomas M. Osgood.
Thomas M. Osgood

North Carolina, Mecklenburg County

I, Brian Schaefer, do hereby certify that Thomas M. Osgood personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this 21st day of April, 2016.

BRIAN P. SCHAEFER NOTARY PUBLIC CARTERET COUNTY, NC

Official Signature of Notary

Brian Schaefer, Notary Public
Notary's printed name

My commission expires: 5/13/2017

STATE OF NORTH CAROLINA

CERTIFICATION OF VITAL RECORD

MECKLENBURG COUNTY

REGISTER OF DEEDS - HEALTH DEPARTMENT

CHARLOTTE, NORTH CAROLINA

CERTIFICATE OF DEATH

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 060-95 LOCAL NO. 2015005285 COUNTY OF DEATH Mecklenburg STATE FILE NO.

DECEDENT

1a. FIRST: Margaret
1b. MIDDLE: Flowers
1c. LAST: Osgood
1d. SUFFIX:
1e. LAST NAME PRIOR TO FIRST MARRIAGE: Pring

2. SEX: F
3a. AGE-LAST BIRTHDAY (Yrs): 72
4. DATE OF BIRTH (Month/Day/Year): June 13, 1943
5. BIRTHPLACE (County/State or Foreign Country): Onondaga, NY
6. DATE OF DEATH (Month/Day/Year): September 17, 2015

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Nursing home/Long term care facility
7c. FACILITY NAME: Asbury Care Center
7d. CITY OR TOWN: Charlotte
7e. COUNTY OF DEATH: Mecklenburg

8. MARITAL STATUS: ☒ Married
9. SURVIVING SPOUSE: Thomas Marston Osgood
10a. DECEDENT'S USUAL OCCUPATION: Teacher
10b. KIND OF BUSINESS/INDUSTRY: Pre-School

11. SOCIAL SECURITY NUMBER: 068-40-3598
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: North Carolina
12b. COUNTY: Mecklenburg
12c. CITY OR TOWN: Charlotte
12d. STREET AND NUMBER: 4404 Stonefield Drive
12e. INSIDE CITY LIMITS: ☒ Yes
12f. ZIP CODE: 28269
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ No

14. DECEDENT'S EDUCATION: ☒ Bachelor's degree (e.g., BA, AB, BS)
15. DECEDENT OF HISPANIC ORIGIN: ☒ No, not Spanish/Hispanic/Latino
16. DECEDENT'S RACE: ☒ White

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Walrond Pring
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Eleanor May Flowers

19a. INFORMANT'S NAME: Thomas Osgood
19b. RELATIONSHIP TO DECEDENT: Husband
19c. MAILING ADDRESS: 4404 Stonefield Drive, Charlotte, NC 28269

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Cremation
20b. PLACE OF DISPOSITION: Yates Cremation Service
20c. LOCATION: Charlotte, NC 28208
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER: FSL 1592
21c. NAME OF EMBALMER: NOT EMBALMED
21d. LICENSE NUMBER:
22. NAME AND ADDRESS OF FUNERAL HOME: Carolina Funeral Service & Cremation Center, 5505 Monroe Road, Charlotte, NC 28212-5503

MEDICAL CERTIFICATION

23. 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 on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

Cause	Approximate interval: Onset to death
IMMEDIATE CAUSE a. HYPERNATREMIA	DAYS
b. DEMENTIA	YEARS
c. INANITION	WEEKS
d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

24a. WAS AN AUTOPSY PERFORMED? ☒ No
24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

25. MANNER OF DEATH: ☒ Natural
26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☒ No
27. TIME OF DEATH (Approximate): 10:40 pm
28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ No
29. IF FEMALE: ☒ Not pregnant within past year

MEDICAL EXAMINER ONLY

CERTIFIER

32. CERTIFIER: ☒ Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
33a. SIGNATURE OF CERTIFIER: [signature] M.D.
33b. LICENSE NUMBER: 2012-01254
33c. DATE SIGNED: September 21, 2015
34. NAME AND ADDRESS OF CERTIFIER: Dr. Joseph Pierce, 4692 Brownsboro Rd., Winston Salem, NC 27106

REGISTRAR

35a. SIGNATURE OF LOCAL REGISTRAR: [signature]
35b. DATE: SEP 22 2015
36. DATE REGISTERED BY STATE:

DATE CORRECTED (Mo/Day/Yr) — ITEM(S) CORRECTED
DATE AMENDED (Mo/Day/Yr) — ITEM(S) AMENDED

THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT REPRODUCTION OF THE OFFICIAL RECORD FILED IN MECKLENBURG COUNTY.

V 779567

WITNESS MY HAND AND OFFICIAL SEAL THIS DAY September 23, 2015

Marcus Plescia, MD,MPH
Health Director & Registrar

J. David Granberry
Register of Deeds

By: [signature]
Assistant/Deputy Register of Deeds

MECKLENBURG COUNTY NORTH CAROLINA

J. DAVID GRANBERRY REGISTER OF DEEDS MECKLENBURG COUNTY N.C.