



2016-011799

Klamath County, Oregon

11/03/2016 02:17:00 PM

Fee: \$57.00

THIS SPACE RESERVED

After recording return to:

Sheri R. Holcomb, Trustee of the Sheri R Holcomb's  
Survivors Trust

PO Box 413

La Pine, OR 97739

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

Sheri R. Holcomb, Trustee of the Sheri R Holcomb's  
Survivors Trust

PO Box 413

La Pine, OR 97739

File No. 136760AM

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### STATUTORY WARRANTY DEED

James J. Rohlfing, Trustee of the Ronald and Twila Rohlfing Revocable Trust under Agreement dated June 12, 2007, and James J. Rohlfing, Trustee of the Twila Rohlfing Credit Shelter Trust under Agreement dated June 12, 2007,

Grantor(s), hereby convey and warrant to

**Sheri R. Holcomb, Trustee of the Sheri R Holcomb's Survivors Trust ,**

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except as specifically set forth herein:

**Lot 18, Block 1, Plat No. 1204, LITTLE RIVER RANCH, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.**

FOR INFORMATION PURPOSES ONLY, THE MAP/TAX ACCT #(S) ARE REFERENCED HERE:

**R-2309-002D0-00800-000**

The true and actual consideration for this conveyance is \$60,000.00.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

Return to:



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 2 day of November, 2016

Ronald and Twila Rohlfling Revocable Trust under Agreement dated June 12, 2007,

By: James J. Rohlfling, Trustee  
James J. Rohlfling, Trustee

The Twila Rohlfling Credit Shelter Trust under Agreement dated June 12, 2007,

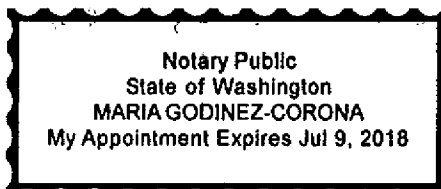
By: James J. Rohlfling, Trustee  
James J. Rohlfling, Trustee

State of WASHINGTON } ss.  
County of KITSAP }

On this 2nd day of NOVEMBER, 2016, before me, MARIA GODINEZ CORONA, a Notary Public in and for said state, personally appeared James J. Rohlfling known or identified to me to be the person whose name is subscribed to the foregoing instrument as trustee of the Ronald and Twila Rohlfling under Agreement dated June 12, 2007, and acknowledged to me that he executed the same as Trustee.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

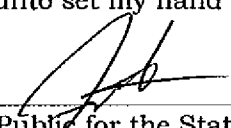
[Signature]  
Notary Public for the State of WASHINGTON  
Residing at: KITSAP  
Commission Expires: JUL 9, 2018

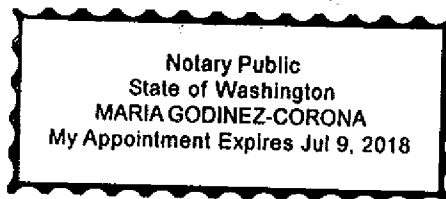


State of WASHINGTON } ss.  
County of KITSAP }

On this 2ND day of NOVEMBER, 2016, before me, MARIA GODINEZ CORONA, a Notary Public in and for said state, personally appeared James J. Rohlfing known or identified to me to be the person whose name is subscribed to the foregoing instrument as trustee of the Twila Rohlfing Credit Shelter Trust Agreement dated June 12, 2007, and acknowledged to me that he executed the same as Trustee.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

  
Notary Public for the State of WASHINGTON  
Residing at: KITSAP  
Commission Expires: Jul 9, 2018



# STATE OF OREGON

## CERTIFICATE OF VITAL RECORD

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

758938

I.D. TAG NO.

136-2016-017123

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Ronald	Middle Durant	Last Rohlfing	Suffix	Death Date July 03, 2016	
	Sex Male	Age 83 years	Social Security Number 523-34-5380		County of Death Multnomah			
	Birthdate September 06, 1932		Birthplace Aspen, Colorado			Was Decedent Ever in U.S. Armed Forces? Yes		
	Residence 23 SE 103rd Avenue				City/Town Portland			
	Residence County Multnomah		State or Foreign Country Oregon		Zip Code + 4 97216		Inside City Limits? Yes	
	Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage Twila Marie Barland					
	Father's Name Durant Carl Rohlfing				Mother's Name Prior to First Marriage Kathryn Cecilia Mogan			
	Informant's Name Jim Rohlfing		Telephone Number Not Available		Relationship to Decedent Son		Mailing Address PO Box 253, Keyport, WA 98345	
	Place of Death Licensed Assisted Living Facility		Facility Name Russellville Park West					
	Location of Death 23 SE 103rd		City/Town or Location of Death Portland		State Oregon		Zip Code + 4 97216	
TO BE COMPLETED BY MEDICAL CERTIFIER	Method of Disposition Cremation		Place of Disposition Portland Cremation Center, LLC				Location (City/Town and State) Portland, Oregon	
	Name and Complete Address of Funeral Facility Smart Cremation 8249 SW Cirrus Drive, Beaverton, Oregon 97008							
	Date of Disposition TBD		Funeral Director's Signature Susan K Thomas			Electronically Signed OR License Number FS-0559		
	Registrar's Signature Jennifer A. Woodward		Date Received July 11, 2016		Local File Number			
	Amendment							
	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 2147	
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ Colon (cecum) adenocarcinoma, pathologic stage IVA (pT2 pN0 M1a) with multiple liver metastases, Dx=3/23/15						Approximate Interval: Onset to Death 15 months	
	a. Due to (or as a consequence of) ↓							
	b. Due to (or as a consequence of) ↓							
	c. Due to (or as a consequence of) ↓							
Other significant conditions contributing to death								
Manner of Death Natural		If Female Not Applicable				Did tobacco use contribute to death? Unknown		
Date of Injury		Time of Injury		Place of Injury		Injury at Work?		
Location of Injury								
Describe how injury occurred						If transportation injury, specify.		
Name and Address of Certifier Jean L Nash 6410 NE Halsey Street 300, Portland, Oregon 97213								
Name and Title of Attending Physician If Other than Certifier						Date Signed July 11, 2016		
Medical Certifier Jean L Nash		Electronically Signed		Title of Certifier N.P.		License Number 079043598N1		
Amendment								



\*20160722795\*

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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: July 26, 2016

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

