



**2017-000015**  
**Klamath County, Oregon**  
01/03/2017 11:54:01 AM  
Fee: \$52.00

THIS SPACE RESERVE

After recording return to:

Frank M. Pedersen and Barrie G. Pedersen  
69411 Ramon Rd., #351  
Cathedral City, CA 92234

RECORDED ELECTRONICALLY	
ID _____	County _____
Date _____	Time _____
amplifile www.simplifile.com 800.460.5657	

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

Frank M. Pedersen and Barrie G. Pedersen  
4451 Day Dr.  
Klamath Falls, OR 97603  
File No. 139671AM

### STATUTORY WARRANTY DEED

**Cynthia Ann Staunton, as Successor Trustee of the Fairman Family Trust U.T.A.D. January 17, 2014,**

Grantor(s), hereby convey and warrant to

**Frank M. Pedersen and Barrie G. Pedersen, as Tenants by the Entirety,**

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:

**Unit No. 8 of Building No. 11, Stage IV Plat of Tract 1271-Shield Crest Condominiums, Building NO. 5, Lot 11, Block 4 of 1257, a re-subdivision of a portion of the First Addition to Shield Crest, as shown on the plat thereof filed on December 31, 1996, in the records of plats of the Clerk of Klamath County, Oregon.**

**Together with that interest in common areas as disclosed by Declaration of Shield Crest Condominiums, recorded April 23, 1991 and Supplemented by Supplemental Declaration, and recorded January 9, 1997, in M97 on Page 60, Deed Records of Klamath County, Oregon.**

**Also together with an undivided interest in all those private roads shown on the plat and more particularly described in Declaration recorded May 23, 1990, in Volume M90, page 9828, Deed Records of Klamath County.**

The true and actual consideration for this conveyance is **\$208,000.00.**

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:

52 AM TT

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 29 day of December, 2016

Fairman Family Trust U.T.A.D. January 17, 2014

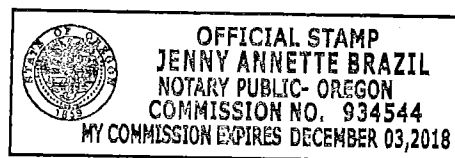
By: Cynthia Ann Staunton  
Cynthia Ann Staunton, Successor Trustee

State of Oregon} ss.  
County of Klamath}

On this 29th day of December, 2016, before me, Jenny Annette Brazil, a Notary Public in and for said state, personally appeared Cynthia Ann Staunton known or identified to me to be the person whose name is subscribed to the foregoing instrument as Successor Trustee of the Fairman Family Trust, and acknowledged to me that he/she/they 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.

Jenny Annette Brazil  
Notary Public for the State of Oregon»  
Residing at: Klamath County  
Commission Expires: 12/3/2018



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

H110610

I.D. TAG NO.

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

136-2014-019388

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First John	Middle Charles	Last Fairman	Suffix	Death Date August 09, 2014
Sex Male	Age 86 years	Social Security Number 492-34-0733	County of Death Klamath		
Birthdate September 21, 1927	Birthplace Springfield, Missouri		Was Decedent Ever in U.S. Armed Forces? Yes		
Residence: 9227 St. Andrews Circle			City/Town Klamath Falls		
Residence County Klamath	State or Foreign Country Oregon		Zip Code + 4 97603	Inside City Limits? No	
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage E. Carol Hill				
Father's Name John Henry Fairman			Mother's Name Prior to First Marriage Beatrice - Chapin		
Informant's Name Cindy Staunton	Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address 3524 Hill Road, Tulelake, CA 96134		
Place of Death Decedent's Residence - Hospice		Facility Name			
Location of Death 9227 St. Andrews Circle		City/Town or Location of Death Klamath Falls		State Oregon	Zip Code + 4 97603
Method of Disposition Cremation	Place of Disposition Klamath Cremation Service		Location (City/Town and State) Klamath Falls, Oregon		
Name and Complete Address of Funeral Facility O'Hair Funeral Chapel 515 Pine Street, Klamath Falls, Oregon 97601					
Date of Disposition TBD	Funeral Director's Signature Timothy R. Simonsen		Electronically Signed	OR License Number CO-3360	
Registrar's Signature Jennifer A. Woodward	Date Received August 12, 2014		Local File Number		
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 09:55 AM
CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. acute myelomonocytic leukemia			Approximate Interval: Onset to Death 11 months
Due to (or as a consequence of) ↓ b.			
Due to (or as a consequence of) ↓ c.			
Due to (or as a consequence of) ↓ d.			
Other significant conditions contributing to death hypertension			
Manner of Death Natural	If Female Not Applicable		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			If transportation injury, specify.
Name and Address of Certifier Robin Rand Hale 2865 Daggett Avenue, Klamath Falls, Oregon 97601			
Name and Title of Attending Physician If Other than Certifier			Date Signed August 12, 2014
Medical Certifier Robin Rand Hale	Electronically Signed	Title of Certifier M.D.	License Number MD12370
Amendment			



\*20140818696\*

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.

August 20, 2014

DATE ISSUED:

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

