

2017-000179

Klamath County, Oregon

01/09/2017 09:17:01 AM

Fee: \$57.00

This Instrument Prepared By:

Curphey & Badger PA
25400 US Hwy 19 North, Suite 236
Clearwater, Florida 33763

Return To &

Mail Tax Statements To:

Theodore G. Vanderlip
9011 McLaughlin Lane
Klamath Falls, OR 97601

Tax Parcel ID#: R-3907-025DO-02900-000

Order #: L-68512

L75L-L-68512

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF ZERO AND 00/100 DOLLARS (\$0.00) and NO other good or valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, between THEODORE G. VANDERLIP, surviving tenant by the entirety WENDY S. VANDERLIP, deceased, as "Grantor", does hereby remise, release, and forever quitclaim unto, THEODORE G. VANDERLIP, widower, hereinafter "Grantee", whose address is 9011 McLaughlin Lane, Klamath Falls, OR 97601, the following lands and property, together with all improvements located thereon, lying in the County of Klamath, State of Oregon to-wit:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

Parcel ID: R-3907-025DO-02900-000

Commonly known as: 9011 McLaughlin Lane, Klamath Falls, OR 97601

This instrument will 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 approved uses and to determine any limits or lawsuits against farming or forest practices as defined on ORS 30.930.

LESS AND EXCEPT all oil, gas and minerals, on and under the above described property owned by Grantor, if any, which are reserved by Grantor.

SUBJECT to all easements, right-of way, protective covenants and minerals reservations of record, if any

The true consideration for this conveyance is \$0.00 (Here comply with the requirements of ORS 93.030).

TO HAVE AND TO HOLD same unto Grantees and unto Grantees' assigns forever, with all appurtenances thereunto belonging.

In construing this deed, where the context so required, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

Taxes for tax year _____ shall be _____ prorated between Grantor and Grantees as of the date selected by Grantor and Grantees, or _____ paid by Grantees, or _____ paid by Grantor.

The property herein conveyed _____ is not a part of the homestead of Grantors, or _____ is part of the homestead of Grantor.

WITNESS Grantor's hands this the 26 day of December 20 16

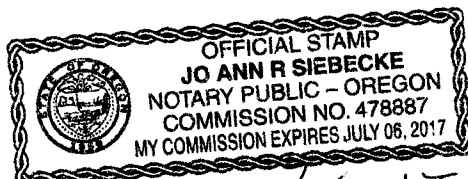
Theodore G. Vanderlip
THEODORE G. VANDERLIP
JV VANDERLIP

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STATE OF OR

COUNTY OF CLATSOP

This instrument was acknowledged before me on 12.26.16 (date) by THEODORE G. VANDERLIP. VANDERLIP



My Commission Expires: 7.6.17

Jo Ann R. Siebecke
Notary Public
JO ANN R. SIEBECKE
Print Name

No title search was performed on the subject property by the preparer. The preparer of this deed makes no representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantors/Grantees and /or their agents, no boundary survey was made at the time of this conveyance.

Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF KLAMATH, STATE OF OREGON, AND IS DESCRIBED AS FOLLOWS:

LOT 3 IN BLOCK 2 OF FOREST GREEN, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

Parcel ID: R488243

Commonly known as 9011 MCLAUGHLIN Lane, Klamath Falls, OR 97601
However, by showing this address no additional coverage is provided

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

138-

571866

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name (Include Suffix, if any) Wendy Sue HALLEEN-VANDERLIP		2. Death Date (MM/DD/YYYY) February 4, 2011	
3. Sex (M/F) F	4a. Age - Last Birthday 48	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:
5. Social Security Number		6. County of Death Klamath	
7. Birthdate (MM/DD/YYYY) June 26, 1962	8a. Birthplace (City/Town or County) Houston	8b. (State or Foreign Country) Texas	9. Decedent's Education College-Med
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.) 9011 McLaughlin Lane	
14. City/Town Klamath Falls		15. Residence County Klamath	
16. State or Foreign Country Oregon		17. Zip Code + 4 97601-9019	
18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) Theodore Griswold Vanderlip		21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") Special Education Teacher	
22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Primary Education		23. Father's Name (incl. middle name) Wayne Irving Halleen	
24. Mother's Name Prior to First Marriage (incl. middle name) Nancy Rae Lambert		25. Informant's Name Theodore G. Vanderlip	
26. Telephone Number 541-885-5529		27. Relationship to Decedent Husband	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 9011 McLaughlin Lane, K.F., OR 97601-9019		29. Place of Death Decedent's Residence - Hospice	
30. Facility Name "		31. Location of Death (Give address) 9011 McLaughlin Lane	
32. City/Town or Location of Death Klamath Falls		33. State OR	
34. Zip Code + 4 97601-9019		35. Method of Disposition Cremation	
36. Place of Disposition (Name of cemetery, crematory, or other place) Pyramid Crematorium		37. Location 3539 Avalon Street, Klamath Falls, Oregon 97603-8784	
38. Name and Complete Address of Funeral Facility (Name, Number & Street, City/Town, State, Zip + 4) Davenport's Chapel of the Good Shepherd, 2680 Memorial Dr., K.F., OR 97601-5546		39. Date of Disposition (MM/DD/YYYY) February 8, 2011	
40. Funeral Director's Signature <i>Shirley J. Sampson</i>		41. OR License Number 00-3104	
42. Registrar's Signature <i>[Signature]</i>		43. Date Reported (MM/DD/YYYY) FEB - 7 2011	
44. Local File Number 7116		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 0610	
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.			
Final disease or condition resulting in death -		IMMEDIATE CAUSE -	
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).		Due to (or as a consequence of) -	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:		Approximate Interval Onset to Death 7 days 2 years 35 years	
52. 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		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 45 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	
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. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
56. Date of Injury (MM/DD/YYYY)		57. Time of Injury	
58. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		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) Yolanda Suarez, DO, 1905 Main Street, Klamath Falls, Oregon 97601-2638		63. Name and Title of Attending Physician if Other than Certifier	
64. Title of Certifier Doctor of Osteopathy		65. License Number DO#28670	
66. Date Signed (MM/DD/YYYY) 2/4/11		67. 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. <i>Chloe J. [Signature]</i>	
68. Record Amendment		69. Record Amendment	

ORIGINAL - VITAL RECORDS COPY


45-2 (06/08)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

FEB - 7 2011

DATE ISSUED:

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


 LISA C. AVILA
 COUNTY REGISTRAR
 KLAMATH COUNTY, OREGON
