



THIS SPACE RES

2017-000750
Klamath County, Oregon
01/25/2017 09:18:00 AM
Fee: \$52.00

After recording return to:
Janelle Saigeon, Exchangor
1572 Rich Dr.
Yuba City, CA 95993

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

Janelle Saigeon, Exchangor
1572 Rich Dr.
Yuba City, CA 95993
File No. 133848AM

STATUTORY WARRANTY DEED

**Barbara A. Evensizer, Trustee of the John D. Evensizer and Barbara A. Evensizer Joint Revocable Trust u/t/d
July 8, 2011,**

Grantor(s), hereby convey and warrant to

Janelle Saigeon an unmarried woman,

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 734, RUNNING Y RESORT, PHASE 9, according to the official plat thereof on file in the office of the
County Clerk, Klamath County, Oregon.**

The true and actual consideration for this conveyance is **PURSUANT TO AN IRC 1031 TAX DEFERRED
EXCHANGE ON BEHALF OF GRANTOR/GRANTEE.**

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:

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 18 day of JAN, 2017

John D. Evensizer and Barbara A. Evensizer Joint Revocable Trust

By: Barbara A. Evensizer Trustee
Barbara A. Evensizer, Trustee

State of Oregon } ss
County of Josephine

On this 18 day of January, 2017, before me, Cathy Dahl, a Notary Public in and for said state, personally appeared Barbara A. Evensizer, Trustee of the John D. Evensizer and Barbara A. Evensizer Joint Revocable Trust, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

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

Cathy Dahl
Notary Public for the State of Oregon
Residing at: Josephine County
Commission Expires: 07-20-19



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

694222

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First John Middle D Last Evensizer Suffix		2. Death Date May 26, 2015	
3. Sex Male	4. Age 67 years	5. Social Security Number 540-56-6557	6. County of Death Josephine
7. Birthdate August 06, 1947	8. Birthplace Grants Pass, Oregon	9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence - Number and Street 1065 Riessen Road		14. City/Town Grants Pass	
15. Residence County Josephine	16. State or Foreign Country Oregon	17. Zip Code + 4 97526	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Barbara Henderson	
21. Usual Occupation Owner / Operator		22. Kind of Business/Industry Carriage Manufacturing	
23. Father's Name Samuel Dean Evensizer		24. Mother's Name Prior to First Marriage Marilyn James	
25. Informant's Name Barbara Evensizer	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 1065 Riessen Road, Grants Pass, OR 97526
29. Place of Death Decedent's Residence - Hospice		30. Facility Name	
31. Location of Death 1065 Riessen Road		32. City/Town or Location of Death Grants Pass	33. State Oregon
35. Method of Disposition Burial	36. Place of Disposition Woodville Cemetery	37. Location Rogue River, Oregon	
38. Name and Complete Address of Funeral Facility Stephens Family Chapel 1629 Williams Highway, Grants Pass, Oregon 97527			
39. Date of Disposition TBD	40. Funeral Director's Signature Kevin A Stephens		41. OR License Number CO-3749
42. Registrar's Signature Cindy McDaniel, Deputy		43. Date Received June 9, 2015	44. Local File Number 458-15
45. 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 7:45 pm			
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 a. IMMEDIATE CAUSE esophageal cancer			Approximate Interval: Onset to Death 3.4 years
b. Due to (or as a consequence of) ↓			
c. Due to (or as a consequence of) ↓			
d. Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <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 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			
54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
59. Location of Injury (Number & Street or RFD No., 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 or RFD No., City/Town, State, Zip + 4) Sean T. Hehn 2828 E. Barnett Road, Medford, OR 97504			
63. Name and Title of Attending Physician If Other than Certifier			
64. Title of Certifier MD		65. License Number MD24976	66. Date Signed (MM/DD/YYYY) 5/27/15
67. 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.			
68. Amendment			

45-ZDP (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:

June 9, 2015

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

