2017-004963

Klamath County, Oregon

05/11/2017 09:18:00 AM

Fee: \$62.00

WHEN RECORDED RETURN TO:
MAIL TAX STATEMENT TO:
Land Run Properties, LLC
1205 S Air Depot Blvd Suite #295
Midwest City, OK 73110

WARRANTY DEED

THE GRANTOR(S),

- Wehmeyer Family Trust, , 10321 Lesterford Ave, Downey, CA 90241,

for and in consideration of: Two Thousand, Five Hundred Dollars and other good and valuable consideration grants, bargains, sells, conveys and warranties to the GRANTEE(S):

- Land Run Properties, LLC, an Oklahoma Limited Liability Company, with a mailing address of 1205 S. Air Depot Blvd. Suite #295, Midwest City, OK 73110, the following described real estate, situated in the County of Klamath, State of Oregon:

Parcel ID

Recorder:Legal Description

R-3510-023A0-06100-000 Lot 9, Block 13 first addition to Klamath Forest Estates R-3510-023A0-06200-000 Lot 10, Block 13 first addition to Klamath Forest Estates

Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and that Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

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. 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.

Grantor Signatures:	Grantor Signatures:
DATED: 3-8-17 Dan Bruce Wehmeyer Trustee	DATED: 3/4/17 Saundra Rojo (aka. Saundra Sharisse Wehmeyer)
STATE OF <u>California</u> COUNTY OF <u>Los Angeles</u> s: This instrument was acknowledged before roy Wehmeyer Family Trust. & Saun	ne on this 4 day of March 2,01 dra Rojo
JENNIFER J. DEWITT COMM. # 2120561 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY MY COMM. EXP. AUG. 20, 2019	Notary Public Signature of person taking acknowledgment Jennifer J. DeWitt, Notary Public Title (and Rank)
	My commission expires 8.20.19

See Attached ACK

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On March 8, 2017 before me, Jennifer J. DeWitt, Notary Public (Here insert name and title of the officer)

personally appeared David Bruce Wehmeyer,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

JENNIFER J. DEWITT COMM. # 2120561
NOTARY PUBLIC-CALIFORNIA (O
CQUINTY OF ORANGE
MY COMM. EXP. AUG. 20, 2019

Signature of Notary Public

(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT Warranty Deed
(Title or description of attached document) (Title or description of attached document continued)
Number of Pages Document Date
(Additional information)

CAPAC	ITY CLAIMED BY THE SIGNER
	Individual (s)
	Corporate Officer
	(Title) Partner(s) Attorney-in-Fact Trustee(s) Other

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which
 must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible.
 Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

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CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH PHYSICIAN'S CERTIFICATION ORONGE'S USE ONLY	ROSE HILLS M. 101. PLACE OF DEATH RESIDENCE 103. STREET ADDRESS—STAIL 103.21 LESTET. 107. TRATH WAS CAUSED BY IMMEDIATE CAUSE 109. TO (C) DUE TO (C) DUE TO (C) 112. OTHER SIGNIFICANT COM BIOL 113. WAS OPERATION PERFORM BIOL 114. I CERTIFY THAT TO THE CAUSED SINCE NO M M / D D / C Y Y 05/03/1993 115. MANUAL SIGNIFICANT IN BY O AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO AT THE CAUSES STAYED. 119. MANUAL SIGNIFICANT NO SINCE NO ACCIDENT SIGNIFICANT NO SINCE	CREATIC CRE	CANCER CANCER CANCER CANCER CANCER CANCER CANCER COMMINISTRICTION IN PANCREAS NOWLEDING LAND CANCER COLUMBED COLU	TO THE LINC FOR TH	ELATED TO CAUSE ELATED	CONTRACTOR OF CHARACTER CONTRACTOR OF CHARACTER MALINIA MALINI	ACILITY OTHER CONY. K. R HOBY. R HOB	TIME INTERVAL EE OTHER TIME INTERVAL EE TWEEN CHEE AND SEATH 6 MOS 116. LICTHER MO G045314 ZIP ZTAPH Rd, 122. MOUN 12.7	DOWNEY ON DESPUTY	POSTED TO CONTON ROOMED ROOMED X NO PERFORMED X NO ETERMINIST CAME X NO TE MM/DO/CCV 03/1996 CA 90241

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

FEB 2 4 2017



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052016254341							CERTIFICATE OF DEATH						3201619057037				
STATE FILE NUMBER						1	JSE BLACK INK ONLY NO EMPOSITIES, WHITEOUTS OR ALTERATIONS VS-1 (AREV 3/06) 23 LAST (Februik)					L	LOCAL REGISTRATION NUMBER				
<	1. NAME OF DECEDENT-FIRST (Given) 2. MIDDLE MAE						3. LAST (Family) WEHMEYER										
DECEDENT'S PERSONAL DATA	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) LILA M WEHMEYER							4. DATE OF BIRTH mm/dd/ccyy 5. AGE Yrs. 09/10/1929 87				Months Days Hou			24 HOURS Minutes	6. SEX	
's PERSC	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUMBER 160-42-5215					v	ES X NO	UNK	WIDC	WED	DP* (at Time of Deal	12	/24/2016	3	2337	(24 Hours) 7	
CEDENT	13. EDUCATION - Highest Lever/Degree 14/15. WAS DECEDENT HISPANIC/LATINO/AYSPANISH? (If y HS GRADUATE YES							X № WHITE									
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, of OWN HOME.										uction, e	mployment agen	cy, etc.) 1	9. YEARS IN 0 52	OCCUPATION		
IAL ENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 10321 LESTERFORD AVE 21. CITY 122: COUNTY/PROVINCE 123. ZIP CODE 124 YEARS IN COUNTY 125 STATE/CODE(ISN COUNTY)																
NSUAL		WNEY			A21	NGELES	ES 90241 50						CA				
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP 28. INFORMANT'S NAME, RELATIONSHIP 29. INFORMANT'S NAME, RELATIONSHIP 10321 LESTERFORD AVE, DOWNEY, CA. S.											Number, city or 1 , CA 90	iown, state an 241	d zíp)			
P AND MATION	·	AME OF SURVIVI	M.C	DP*-FIRST	T.	MIDDLE			30, LAS	T (BIRTH NA	AME)						
SPOUSE/SRDP AND ARENT INFORMATIO	31. NAME OF FATHER/PARENT-FIRST JOHN			N	32. MIDDLE W			8.8	KSON				Ť.	NE			
SPOU	JEN	AME OF MOTHE VNIE SPOSITION DATE		J. L.	M				HAY		ME)	A.J		15	38. BIRTH	STATE	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	01/	04/2017 (PE OF DISPOSE		3888 WO	RKMAN	ROSE HI	WHITTIE	R, CA 9	PAR 0601	K anan	rational Assessment Constitution of the Consti	9000 00.				****	
RAL DIF	ВU		Ŷ.			▶ GI	HERYL N	IORMAN		Prof.		M.	50	E	LICENSE NUMBER EMB9404		
FUNE		AME OF FUNERA ISE HILLS		JARY		FD97	NSE NUMBER 70) JEFF	REY	GUNZ	ENHAUS	SER,	мр 🗐		DATE mm/dd 2/29/201		
TH.	PIH	PLACE OF DEATH	. 98		Záděj			X	P	SPECIFY C		IF OTHE Hospics	R THAN HOSPI		Y ONE Decedent's Home	Other	
PLACE OF DEATH	LOS	S ANGEL	10000			CATION WHERE I	OUND (Street a	nd number, or	location)	a injustations	marataka salah	An umitski	106. CITY DOWN	NEY			
	IMMEI (Final o	DIATE CAUSE disease or tion resulting	1	as cardiac arrest, r	events diseases espiratory arrest, o	injunes, or complica r ventricular fibrillatio	ations that dire in without showing	cty caused dea the eficlogy. D	in, do not o not abe	enter termini REWATE	al events such		Time Interval Be Onset and De (AT) 12 HRS	alh _	YES REFERRAL MUNIS	X NO	
 Æ	conditi	intially, list tions, if any,	® PNEUN	AONIA									ел 24 HRS		YES	PRMED?	
SAUSE OF DEATH	ON LIN UNDE	g to cause ne A. Enter RLYING E (disease or	(0)										(СТ)	110. A	UTOPSY PERF	FORMED?	
CAUSE	resultir	ed the events ng in death) LAS						processing the second s					(01)	111, US	ED IN DETERMIN	ING CAUSE?	
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 END STAGE RENAL DISEASE																
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (If yes, let type of Speration and dister).										113A IF FEWALE, PREGNANT IN LAST YEAR? YES X NO UNK						
CATION	ATTHE	DERTIFY THAT TO TO E HOUR, DATE, AND lecedent Attended :	PLACE STATED FFX	OWLEDGE DEATH COX OM THE CAUSES STAT December Last Seen A	ED. NW	GNATURE AND TIT ANG JI M.	n S		Ú/Dagas		V D	- 1	116. LICENSE N A12573	- 1	2/29/20		
PHYSICIAN'S CERTIFICATION		mm/dd/ccyy 24/2016		mm/dd/ccyy 24/2016	100	PE ATTENDING PI	/OOD BL	.VD, DC	DDRESS, T	Y, CA	VANG JI 90240	M.D		- L.			
		DERTIFY THAT IN M	Natural	Accident 1		Suiddo Per	HE CAUSES STATI	D. Could not be determined		YES		UNK	121. INJURY DA	ATE mm/dd/ca	руу 122. НОЦ	JR (24 Hours)	
ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)																
ER'S US	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																
CORONER'S USE ONLY	125. L	5. LOCATION OF INJURY (Street and number, or location, and city, and zip)															
	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER / DEP											EPUTY CORONER					
	<u> </u>	A	В	l c	D	Te	148800.0000				/						
REGIS*						E		*01000	01003434	1765*			FAX AUTH.#		CENSI	US TRACT	

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DEC 30 2016