

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

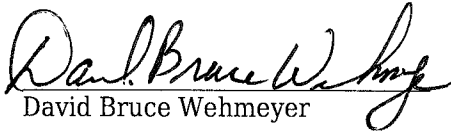
Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the 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.

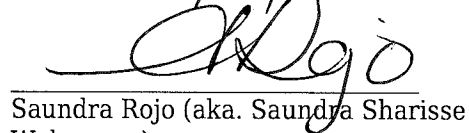
Grantor Signatures:

DATED: 3-8-17


David Bruce Wehmeyer
Trustee

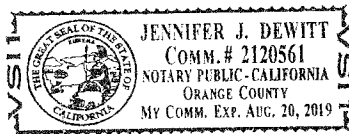
Grantor Signatures:


DATED: 3/4/17


Sandra Rojo (aka. Sandra Sharisse
Wehmeyer)
Trustee

STATE OF California
COUNTY OF Los Angeles ss:

This instrument was acknowledged before me on this 4 day of March 2017
by ~~Wehmeyer Family Trust~~ & Sandra Rojo




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, Notary Public,
(Here insert name and title of the officer)

personally appeared David Bruce Wehmeyer,

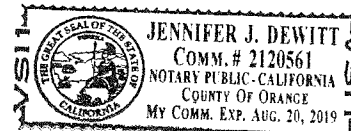
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

CAPACITY 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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

39619024146

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK, ONLY/NO ERASURES, WITHOUT OR ALTERATIONS VS-11 (REV. 7/93)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Harry		2. MIDDLE Berten		3. LAST (FAMILY) Wehmeyer	
4. DATE OF BIRTH MM/DD/CCYY 05/20/1928		5. AGE YRS. 68		6. SEX Male	
7. DATE OF DEATH MM/DD/CCYY 06/01/1996		8. HOUR 0907			
9. STATE OF BIRTH TX		10. SOCIAL SECURITY NO. 467-36-4149		11. MILITARY SERVICE 19 TO 19 NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12			
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER H.W. Parking Inc.	
17. OCCUPATION Owner		18. KIND OF BUSINESS Parking Lot Operation		19. YEARS IN OCCUPATION 53	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 10321 Lesterford Ave.					
21. CITY Downey		22. COUNTY Los Angeles		23. ZIP CODE 90241	
24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY California			
26. NAME, RELATIONSHIP Lila Mae Wehmeyer, Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 10321 Lesterford Ave., Downey, CA 90241					
28. NAME OF SURVIVING SPOUSE—FIRST Lila		29. MIDDLE Mae		30. LAST (MAIDEN NAME) Jackson	
31. NAME OF FATHER—FIRST Harris		32. MIDDLE R.		33. LAST Wehmeyer	
34. BIRTH STATE TX		35. NAME OF MOTHER—FIRST Pauline		36. MIDDLE Anne Virginia	
37. LAST (MAIDEN) Naegelin		38. BIRTH STATE TX			
39. DATE MM/DD/CCYY 06/05/1996		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park, 3888 S. Workman Mill Rd, Whittier, CA 90601			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>David Serrano</i>		43. LICENSE NO. 7653	
44. NAME OF FUNERAL DIRECTOR Rose Hills Mortuary		45. LICENSE NO. FD-970		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark [Signature]</i>	
47. DATE MM/DD/CCYY 06/05/1996					
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY Los Angeles		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 10321 Lesterford Ave.		106. CITY Downey	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) PANCREATIC CANCER		108. TIME INTERVAL BETWEEN ONSET AND DEATH 6 MOS.		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE DUE TO (B)		111. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. DUE TO (C)		114. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
115. DUE TO (D)					
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DIABETES; ATHEROSCLEROTIC HEART DISEASE					
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. BIOPSY OF PANCREAS 11/--/1995					
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE: MM/DD/CCYY 05/03/1993 MM/DD/CCYY 05/24/1996		119. SIGNATURE AND TITLE OF CERTIFIER <i>Charles Holzner MD</i> Charles Holzner, MD 9040 Telegraph Rd, Downey, CA 90241		120. LICENSE NO. G045314	
121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS & ZIP Charles Holzner, MD 9040 Telegraph Rd, Downey, CA 90241		122. DATE MM/DD/CCYY 06/03/1996			
123. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		124. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		125. INJURY DATE MM/DD/CCYY 122. HOUR	
126. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		127. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
128. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
129. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Dean C. Logan</i>		130. DATE MM/DD/CCYY 1579		131. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEAN C. LOGAN	
132. STATE REGISTRAR A		133. FAX AUTH. # 918-9367		134. CENSUS TRACT	

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
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 24 2017



1000001574253

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGDE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052016254341

CERTIFICATE OF DEATH

3201619057037

STATE FILE NUMBER 3052016254341		LOCAL REGISTRATION NUMBER 3201619057037	
1. NAME OF DECEDENT - FIRST (Given) LILA		2. MIDDLE MAE	
3. LAST (Family) WEHMEYER			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) LILA M WEHMEYER		4. DATE OF BIRTH mm/dd/copy 09/10/1929	
5. AGE Yrs. 87		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER 460-42-5215	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. DATE OF DEATH mm/dd/copy 12/24/2016	
18. HOURS (24 Hours) 2337			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 52			
20. DECEDENT'S RESIDENCE (Street and number, or location) 10321 LESTERFORD AVE			
21. CITY DOWNEY		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90241		24. YEARS IN COUNTY 50	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DAVID BRUCE WEHMEYER, AHCD		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 10321 LESTERFORD AVE, DOWNEY, CA 90241	
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE W	
33. LAST JACKSON		34. BIRTH STATE NE	
35. NAME OF MOTHER/PARENT - FIRST JENNIE		36. MIDDLE M	
37. LAST (BIRTH NAME) HAYES		38. BIRTH STATE NE	
39. DISPOSITION DATE mm/dd/copy 01/04/2017		40. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER CHERYL NORMAN	
43. LICENSE NUMBER EMB9404		44. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MORTUARY	
45. LICENSE NUMBER FD970		46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD	
47. DATE mm/dd/copy 12/29/2016			
101. PLACE OF DEATH PIH HEALTH HOSPITAL		102. IF DEATH, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11500 BROOKSHIRE AVE	
106. CITY DOWNEY			
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SEPSIS (B) PNEUMONIA (C) (D) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		108. DEATH REPORTED TO COCHNER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: 12/24/2016 12/24/2016		115. SIGNATURE AND TITLE OF CERTIFIER WANG JI M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE WANG JI M.D. 10000 LAKEWOOD BLVD, DOWNEY, CA 90240		117. LICENSE NUMBER A125738	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/copy		121. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/copy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS 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.

Health Officer and Registrar

DATE ISSUED

DEC 30 2016

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGDI