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07/06/2017 08:56:03 AM

Fee: \$57.00

Recording Requested By:

Walter E. Ponsler, trustee of the 2001 Walter E. Ponsler and Jacqueline R Ponsler Revocable Trust

When recorded mail to:

Harris Land and Timber Company LLC  
154 Rainbow Drive #5462  
Livingston, Texas 77399

Mail Tax Statements To:

Harris Land and Timber Company LLC  
154 Rainbow Drive #5462  
Livingston, TX 77399

APN: R172431

Prior Instrument Number: 2010-008413

**Warranty Deed**

For good and valuable consideration of Ten Dollars (\$10.00), the receipt and sufficiency of which is hereby acknowledged, I or we, Walter E. Ponsler, trustee of the 2001 Walter E. Ponsler and Jacqueline R Ponsler Revocable Trust, an California Survivors Trust, (GRANTOR), does hereby convey to Harris Land and Timber Company LLC (GRANTEE), Sole Ownership, the following described real property situated in Klamath (COUNTY), Oregon (STATE):

Lot 6, Block 49 Lakeview Addition to the City of Klamath Falls, Oregon, according to the Official Plat on file in the office of the County Clerk, Klamath County, Oregon

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, rights of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above set forth.

**Signature Page to Follow**

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: May 17 2017

BY: Walter E Ponsler  
Walter E Ponsler, Trustee

STATE OF )  
 ) ss.  
COUNTY OF )

On \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, personally known to me (or 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.

WITNESS my hand and official seal.

My Commission Expires:

Notary Public

## 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 )

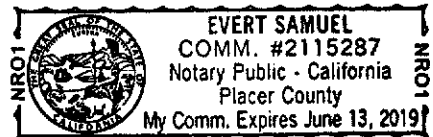
County of Yolo ) ss

On May 17 2017 before me Evert Samuel, Notary Public, personally appeared Walter E. Ponsted 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.

Signature \_\_\_\_\_



(affix seal)

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF YOLO**  
WOODLAND, CALIFORNIA 95695

**CERTIFICATE OF DEATH**

3201057000287

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>JACQUELINE</b>		2. MIDDLE <b>R.</b>	
3. LAST (Family) <b>PONSLE</b>		4. DATE OF BIRTH mm/dd/yyyy <b>10/09/1934</b>	
5. AGE Yrs. <b>75</b>		6. SEX <b>F</b>	
7. DATE OF DEATH mm/dd/yyyy <b>04/17/2010</b>		8. HOUR (24 Hours) <b>0640</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>560-38-9579</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. <b>SELF EMPLOYED</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>RETAIL</b>		18. YEARS IN OCCUPATION <b>3</b>	
19. DECEDENT'S RESIDENCE (Street and number, or location) <b>906 W. CROSS ST.</b>			
20. CITY <b>WOODLAND</b>		21. COUNTY/PROVINCE <b>YOLO</b>	
22. ZIP CODE <b>95695</b>		23. YEARS IN COUNTY <b>32</b>	
24. STATE/FOREIGN COUNTRY <b>CA</b>		25. INFORMANT'S NAME, RELATIONSHIP <b>WALTER PONSLE, HUSBAND</b>	
26. INFORMANT'S MAILING ADDRESS (Street and number, or post office box number, city or town, state and zip) <b>906 W. CROSS ST., WOODLAND, CA 95695</b>		27. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>WALTER</b>	
28. MIDDLE <b>E</b>		29. LAST (BIRTH NAME) <b>PONSLE</b>	
30. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		31. MIDDLE <b>-</b>	
32. LAST <b>REED</b>		33. BIRTH STATE <b>UNKNOWN</b>	
34. NAME OF MOTHER/PARENT - FIRST <b>FRANCIS</b>		35. MIDDLE <b>-</b>	
36. LAST (BIRTH NAME) <b>STEWART</b>		37. BIRTH STATE <b>MT</b>	
38. DISPOSITION DATE mm/dd/yyyy <b>04/23/2010</b>		39. PLACE OF FINAL DISPOSITION <b>WOODLAND CEMETERY</b>	
40. TYPE OF DISPOSITION(S) <b>BU</b>		41. SIGNATURE OF EMBALMER <b>JOSEPH GARZA</b>	
42. NAME OF FUNERAL ESTABLISHMENT <b>KRAFT BROTHERS FUNERAL DIRECTOR</b>		43. LICENSE NUMBER <b>EMB7889</b>	
44. LICENSE NUMBER <b>FD26</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>JOSEPH P. ISER, MD, DRPH, MSC</b>	
46. DATE mm/dd/yyyy <b>04/20/2010</b>		47. DATE mm/dd/yyyy <b>04/20/2010</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P. <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. CITY <b>WOODLAND</b>		104. COUNTY <b>YOLO</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>906 W. CROSS ST.</b>		106. CITY <b>WOODLAND</b>	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) RESPIRATORY FAILURE</b> <b>(B) C.O.P.D.</b>		108. TIME ELAPSED BETWEEN Death and Death <b>3 WKS</b> <b>15 YRS</b>	
109. CAUSE OF DEATH 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. <b>(A) RESPIRATORY FAILURE</b> <b>(B) C.O.P.D.</b>		110. CERTAIN REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
117. 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 <b>03/01/1995</b> <b>04/10/2010</b>		118. SIGNATURE AND TITLE OF CERTIFIER <b>JEFFREY KEI YEE M.D.</b>	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JEFFREY KEI YEE M.D.</b>		120. LICENSE NUMBER <b>G66873</b>	
121. DATE mm/dd/yyyy <b>04/20/2010</b>		122. DATE mm/dd/yyyy <b>04/20/2010</b>	
123. 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		124. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
125. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		126. INJURY DATE mm/dd/yyyy	
127. HOUR (24 Hours)		128. SIGNATURE OF CORONER / DEPUTY CORONER	
129. DATE mm/dd/yyyy		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
131. STATE REGISTRAR		132. FAX AUTH.#	
133. CENSUS TRACT		134. CENSUS TRACT	

\* 000155966 \*

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY HEALTH DEPARTMENT.

DATE ISSUED **APR 23 2010**  
**JOSEPH P. ISER, MD, DRPH, MSC**  
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE