



After recording return to:
Shawn Dilley
475 North 10th Street
Harrisburg, OR 97446

Until a change is requested all tax
statements shall be sent to the
following address:
Shawn Dilley
475 North 10th Street
Harrisburg, OR 97446

File No.: 7191-2886764 (RM)
Date: July 06, 2017

THIS SPACE RESERVED FOR RECORD

2017-007730
Klamath County, Oregon
07/11/2017 01:31:00 PM
Fee: \$57.00

STATUTORY WARRANTY DEED

SD
Betty M. Klopp as to Parcel No. 1 and Betty M. Klop, as to an undivided 1/7 interest in Parcel No. 2, Grantor, conveys and warrants to **Shawn Dilley**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Klamath, State of Oregon, described as follows:

See attached exhibit A

Subject to:

1. Taxes for the fiscal year 2017-2018 a lien due, but not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$4,000.00**. (Here comply with requirements of ORS 93.030)

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 6 day of July, 2017

Betty M Klopp

Betty M. Klopp

STATE OF Oregon)

County of Klamath) ss.

This instrument was acknowledged before me on this 6 day of July, 2017
by **Betty M. Klopp**.

[Signature]



Notary Public for Oregon
My commission expires:

9/23/2017

EXHIBIT "A"
LEGAL DESCRIPTION

Parcel 1

Beginning at a 3/4 inch iron pipe marking the NW1/4 NE1/4 NE1/4 of Section 16, Township 26 South, Range 10 East of the Willamette Meridian, from which point the Northeast corner of said Section 16 bears South 89° 27' 24" East 1328.73 feet, run thence along the West line of the Northeast one quarter of the Northeast one quart of said Section 16 South 00° 15' 40" East 283.07 feet to a point, thence leaving said line South 35° 08' 26" East 758.09 feet to a point on a private roadway, thence along said roadway North 45° 02' 33" East 330.00 feet to a point, thence leaving said roadway North 45° 03' 25" West 948.21 feet to the Point of Beginning, all in Klamath County, Oregon.

Parcel 2

Beginning at the SW1/4 NE1/4 NE1/4 of Section 16, Township 26 South, Range 10 East, Willamette Meridian, the true point of beginning; thence Northeasterly North 45° 02' 33" East, 939.86 feet there creating a hub (the radius of which is 46'), the chords of which bear, progressively, North 42° 10' 58" East, 66.66 feet; thence South 44° 57' 27" East 66.65 feet; thence Southwesterly South 47° 54' 09" West 66.66 feet; thence leaving said hub and bearing South 45° 02' 33" West, 880.78 feet to a point on the South line of the NE1/4 NE1/4 of Section 16, thence bearing Westerly North 89° 30' 50" West, 84.20 feet; to the True Point of Beginning, all in Klamath County, Oregon.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

FILE COPY

641730
ID TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2013-009336

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Kenneth	Middle Charles	Last Klopp	Suffix	Death Date April 23, 2013
Sex Male	Age 77 years	Social Security Number 544-34-4361		County of Death Lane	
Birthdate August 06, 1935	Birthplace Salem, Oregon		Was Decedent Ever in U.S. Armed Forces? Yes		
Residence 3357 Royal Avenue			City/Town Eugene		
Residence County Lane	State or Foreign Country Oregon		Zip Code + 4 97402	Inside City Limits? Yes	
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Betty Williams			
Father's Name Charles -- Klopp			Mother's Name Prior to First Marriage Grace -- Calander		
Informant's Name Betty Klopp		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 3357 Royal Avenue, Eugene, OR 97402	
Place of Death Hospital-Inpatient		Facility Name Sacred Heart Medical Center at RiverBend			
Location of Death 3333 RiverBend Drive		City/Town or Location of Death Springfield		State Oregon	Zip Code + 4 97477
Method of Disposition Burial		Place of Disposition Lane Memorial Gardens		Location (City/Town and State) Eugene, Oregon	
Name and Complete Address of Funeral Facility Lane Memorial Funeral Home, 5300 W 11th Avenue, Eugene, Oregon 97402					
Date of Disposition May 02, 2013		Funeral Director's Signature Dustin M. Schaefer		Electronic OR License Number CO-3719	Local File Number
Registrar's Signature Jennifer A. Woodward		Date Received April 26, 2013			
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? NO		Was autopsy findings available to complete the cause of death? No		Time of Death 0810	
CAUSE OF DEATH IMMEDIATE CAUSE a. urinary tract infection				Approximate Interval Onset to Death days	
Due to (or as a consequence of) ↓ b.					
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death end-stage dementia					
Manner of Death Natural		If Female		Did tobacco use contribute to death? Unknown	
Date of Injury	Time of Injury	Place of Injury		Injury at Work?	
Location of Injury					
Describe how injury occurred					
If transportation injury, specify.					
Name and Address of Certifier Rajeev Lochan Alexander, 3377 Riverbend Drive, Springfield, Oregon 97477					
Name and Title of Attending Physician if Other than Certifier					
Medical Certifier Rajeev Lochan Alexander		Electronically Signed	Title of Certifier M.D.	License Number MD20335	
Amendment					



20130417899

45-2CG (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.

April 26, 2013

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

