



2017-007842

Klamath County, Oregon

07/14/2017 09:34:04 AM

Fee: \$57.00

THIS SPACE RESERVED FOR RECORDER'S USE

Grantor:

The Estate of Nellie M Auxier

1424 Vera Drive

Springfield, OR 97477

Grantee:

Mark T Manning

PO Box 4256

Eugene, OR 97404

AFTER RECORDING RETURN TO:

Mark T Manning

PO Box 4256

Eugene, OR 97404

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

Mark T Manning

PO Box 4256

Eugene, OR 97404

File No. 181275AM

### PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE Made this 5<sup>th</sup> day of July, 2017 by and between Susan K Norris, also known as Susan Auxier Norris the duly appointed, qualified and acting personal representative of the Estate of Nellie M Auxier, deceased,

hereinafter called the first party, and Mark T Manning, hereinafter called the second party;

WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of the decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

**The E1/2 of N1/2 of S1/2 of NE1/4 of SE1/4 of Section 8, Township 25 South, Range 8 East of the Willamette Meridian.**

The true and actual consideration paid for this transfer, stated in terms of dollars is **\$30,000.00**. However, the actual consideration consists of or includes other property or value given or promised which is part / whole of the consideration.

FOR INFORMATION PURPOSES ONLY, THE MAP/TAX ACCT #(S) ARE REFERENCED HERE:

**R-2508-00800-02500-000**

**2017-2018 Real Property Taxes, a lien not yet due and payable.**

Return to:



TO HAVE AND TO HOLD the same unto the said party, and second party's heirs, successors-in-interest and assigns forever.  
IN WITNESS WHEREOF, the said first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

Executed this 5<sup>th</sup> day of July, 2017

*Susan K Norris, also known as Susan  
Auxier Norris Personal Representative for  
the Estate of Nellie M. Auxier  
Deceased*

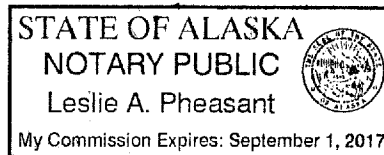
Susan K Norris, also known as Susan Auxier Norris  
Personal Representative for the Estate of Nellie M  
Auxier, Deceased.

STATE of Alaska,

County of Matanuska-Susitna ss.

This instrument was acknowledged before me on July 5, 2017 by Susan K Norris, also known as Susan Auxier Norris as Personal Representative for the Estate of Nellie M Auxier.

*Leslie A. Pheasant*  
Notary Public for Alaska  
My commission expires 9-01-2017



## IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR LANE COUNTY

In the Matter of the Estate of

NELLIE M. AUXIER,

Deceased.

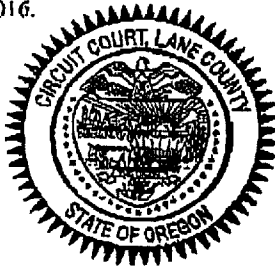
## LETTERS TESTAMENTARY

Case No. 16PB05869

THIS CERTIFIES that the Will of NELLIE M. AUXIER, Deceased, has been accepted and SUSAN K. NORRIS has been appointed and is, at the date hercof, the duly appointed, qualified and acting Personal Representative of the will and estate of Decedent.

IN WITNESS WHEREOF, I, as Clerk of the Circuit Court of the State of Oregon for the County of Lane, in which proceedings for administration upon the estate are pending, do hereto subscribe my name and seal of the court this 29th day of August, 2016.

(SEAL)



ELIZABETH RAMBO  
Clerk of the Court

By: Charmaine M. [Signature]  
Deputy

## IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF LANE

STATE OF OREGON )  
                          ) SS:  
COUNTY OF LANE )

I, ELIZABETH RAMBO, Court Administrator of the above-named County and State, and ex-officio Clerk of the Circuit Court of the State of Oregon for the County of Lane, do hereby certify that the foregoing copy of Letters of Testamentary has by me been compared with the original thereof, and that it is a correct transcript therefrom and of the whole of said original as the same appears on file in my office.

Said letters are now in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court this 29th day of August 20 16.

(SEAL)



ELIZABETH RAMBO  
Clerk of the Court

By: Charmaine M. [Signature]  
Deputy

16PB05869  
LTTM  
Letter - Testamentary  
6578760



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

733591  
ID TAG NO.

STATE FILE NUMBER

1. Legal Name First: <u>Nelle</u> Middle: <u>Mable</u> Last: <u>Auxler</u> Suffix: _____		2. Death Date <u>March 08, 2016</u>	
3. Sex <u>Female</u>	4. Age <u>90 years</u>	5. Social Security Number <u>540-28-6141</u>	
6. County of Death <u>Lane</u>		7. Birthdate <u>September 21, 1925</u>	
8. Birthplace <u>Graysonia, Arkansas</u>		9. Decedent's Education <u>High school grad. or GED</u>	
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>White</u>	
12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>		13. Residence: Number and Street <u>2300 Warren Street</u>	
14. City/Town <u>Eugene</u>		15. State or Foreign Country <u>Oregon</u>	
16. Zip Code + 4 <u>97405</u>		17. Inside City Limits? <u>Yes</u>	
18. Marital Status at Time of Death <u>Widowed</u>		19. Spouse's Name Prior to First Marriage <u>Clayton Floyd Auxler</u>	
20. Usual Occupation <u>Bank Teller</u>		21. Kind of Business/Industry <u>Banking</u>	
22. Father's Name <u>Hugo Hulvershorn Cartmell</u>		23. Mother's Name Prior to First Marriage <u>Merea Juday</u>	
24. Informant's Name <u>Susan Norris</u>		25. Telephone Number <u>Not Available</u>	
26. Relationship to Decedent <u>Daughter</u>		27. Mailing Address <u>1424 Vera Drive, Springfield, OR 97477</u>	
28. Place of Death <u>Nursing Facility</u>		29. Facility Name <u>Valley West Health Care Center</u>	
30. Location of Death <u>2300 Warren St</u>		31. City/Town or Location of Death <u>Eugene</u>	
32. State <u>Oregon</u>		33. Zip Code + 4 <u>97405</u>	
34. Method of Disposition <u>Burial</u>		35. Place of Disposition <u>Rest-Haven Memorial Park</u>	
36. Name and Complete Address of Funeral Facility <u>Andreason's Cremation &amp; Burial Services, Springfield 320 N 6th Street, Springfield, Oregon 97477</u>			
37. Date of Disposition <u>TBD</u>		38. Funeral Director's Signature <u>Bethany A Wozniak</u>	
39. Registrar's Signature <u>Virginia Landwehr</u>		40. Date Received <u>MAR 24 2016</u>	
41. OR License Number <u>CO-3927</u>		42. Local File Number <u>2314</u>	

43. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. Time of Death <u>2305</u>	
CAUSE OF DEATH							
47. 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.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death: a. <u>Admission Alzheimer's dementia</u> Due to (or as a consequence of) ↓ b. _____ Due to (or as a consequence of) ↓ c. _____ Due to (or as a consequence of) ↓ d. _____						<u>Years</u>	
48. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
49. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Underdetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		50. 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 status of death: <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		51. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
52. Date of Injury (mm/dd/yyyy)		53. Time of Injury		54. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		55. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
56. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
57. Describe how injury occurred							
58. Name and Address of Coroner (Include street address, City/Town, State, Zip + 4) <u>M. TAREY AASHAW 1460 G. SE Springfield, OR 97477</u>						59. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
60. Name and Title of Attending Physician (if Other than Certifier)							
61. Title of Certifier <u>M.D.</u>		62. License Number <u>MD06475</u>		63. Date Signed (mm/dd/yyyy) <u>3/22/2016</u>			
64. 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. <u>M. TAREY AASHAW</u>							
65. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
66. Amendment							

45-2DP (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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

MAR 25 2016

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

