

**2018-011077**

**Klamath County, Oregon**

**09/12/2018 11:56:01 AM**

**Fee: \$92.00**

Grantor:

Bonnie Schinmann  
37077 Agency Lake Loop Road  
Chiloquin, OR 97624

Grantee:

Bonnie I. Schinmann, Trustee  
Bonnie I. Schinmann Trust  
37077 Agency Lake Loop Road  
Chiloquin, OR 97624

After recording return to:

Bonnie I. Schinmann, Trustee  
Bonnie I. Schinmann Trust  
37077 Agency Lake Loop Road  
Chiloquin, OR 97624

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

Bonnie I. Schinmann, Trustee  
Bonnie I. Schinmann Trust  
37077 Agency Lake Loop Road  
Chiloquin, OR 97624

### **WARRANTY DEED**

Bonnie Schinmann ("Grantor"), conveys and warrants to Bonnie I. Schinmann, Trustee of the Bonnie I. Schinmann Trust ("Grantee"), the real property described below, subject to all encumbrances, covenants, conditions, restrictions, and easements of any nature whatsoever, recorded or unrecorded.

PARCEL 3 OF MAJOR LAND PARTITION NO. 14-90 SITUATED IN  
GOVERNMENT LOTS 18, 19 and 24 OF SECTION 6, TOWNSHIP 35 SOUTH,  
RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY,  
OREGON (Also described as government lot 24).

The true consideration for this conveyance is \$0.

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.

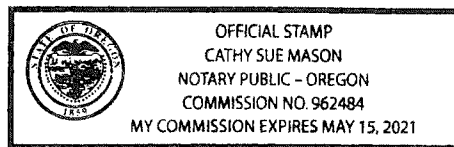
Dated: <sup>August</sup> ~~July~~ 31, 2018

Grantor:




Bonnie Schinmann

STATE OF OREGON                    )  
County of Oklamath            )    ss.



This instrument was acknowledged before me on <sup>Aug</sup> ~~July~~ 31, 2018 by Bonnie Schinmann.



Notary Public for Oregon

Commission No.: 962484

My Commission Expires: May 15, 2021

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

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

783886

ID TAG NO

136-2017-020924

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Elbert	Middle Brown	Last Schinmann	Suffix Jr.	Death Date August 02, 2017
Sex Male	Age 73 years	Social Security Number 539-42-8604	County of Death Klamath		
Birthdate July 31, 1944	Birthplace Long Beach, California		Was Decedent Ever in U.S. Armed Forces? Yes		
Residence 37077 Agency Lake Loop Road			City/Town Chiloquin		
Residence County Klamath	State or Foreign Country Oregon	Zip Code + 4 97624-7726	Inside City Limits? No		
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Bonnie Iris Walters				
Father's Name Elbert Brown Schinmann Sr.			Mother's Name Prior to First Marriage Teddie Marie Riley		
Informant's Name Bonnie Iris Schinmann	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 37077 Agency Lake Loop Road, Chiloquin, OR 97624-7726		
Place of Death Hospital-Inpatient	Facility Name Sky Lakes Medical Center				
Location of Death 2865 Daggett Avenue	City/Town or Location of Death Klamath Falls		State Oregon	Zip Code + 4 97601	
Method of Disposition Cremation	Place of Disposition Pyramid Cremations	Location (City/Town and State) Klamath Falls, Oregon			
Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601					
Date of Disposition TBD	Funeral Director's Signature William F Davenport		Electronically Signed	OR License Number CO-3104	
Registrar's Signature Jennifer A. Woodward	Date Received August 07, 2017		Local File Number		
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 2350
CAUSE OF DEATH			Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. Interstitial Lung Disease			5 years
Due to (or as a consequence of) ↓ b. Amiodarone therapy			5 years
Due to (or as a consequence of) ↓ c.			
Due to (or as a consequence of) ↓ d.			
Other significant conditions contributing to death Pulmonary Hypertension, Obstructive Sleep Apnea			
Manner of Death Natural	If Female Not Applicable	Did tobacco use contribute to death? Probably	
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 Grant W Niskanen 2865 Daggett Avenue, Klamath Falls, Oregon 97601			
Name and Title of Attending Physician if Other than Certifier		Date Signed August 07, 2017	
Medical Certifier Grant W Niskanen	Electronically Signed	Title of Certifier M.D.	License Number MD18831
Amendment			



\*20170810545\*

45-2CC (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: August 10, 2017

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

