

2019-006798

Klamath County, Oregon



00242269201900067980030030

06/18/2019 09:32:57 AM

Fee: \$92.00

After recording, return to

Gregory J. Hall, Attorney at Law
PO Box 1086
Vancouver WA 98666

Until requested otherwise, send all tax statements to:

Michael J. Fritzler
411 Meadowview Street
Culver, OR 97734

Grantor:

Michael Fritzler
411 Meadowview Street
Culver, OR 97734

Grantee:

Melinda Gimbel, Trustee of the Michael J. Fritzler Trust
dated May 17, 2019, as amended
16412 NE 80th Street
Vancouver, WA 98682

Tax Lot R-3510-022A0-04700-000
Lot: 42 / 12
Twn/Range/Section: 35S / 10E / 22 / NE

Space Above for Recording Information Only

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that MICHAEL FRITZLER, hereinafter called Grantor, for no consideration, does hereby warrant and convey unto MELINDA GIMBEL, Trustee of the Michael J. Fritzler Trust dated May 17, 2019, as amended, hereinafter called Grantee, and unto Grantee's successors and assigns, all of his interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Jefferson, State of Oregon, described as follows, to-wit:

Lot(s) 42, Block 12, First Addition to Klamath Forest Estates as recorded in Klamath County, Oregon and also subject to all conditions, restrictions, reservations, easements, exceptions, rights and/or rights of way affecting said property.

To Have and to Hold the same unto the said Grantee and Grantee's successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0.

Transfer is to Grantor's Revocable Living Trust. Grantor is the lifetime beneficiary of such trust.

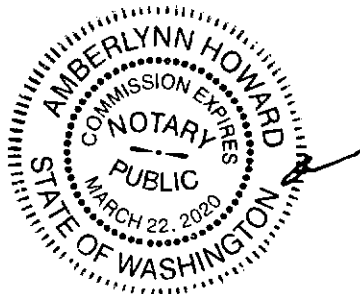
The liability and obligations of Grantor to Grantee and Grantee's successors and assigns under the warranties and covenants contained herein shall be limited to the amount, nature and terms of any title insurance coverage available to Grantor under any title insurance policy, and Grantor shall have no liability or obligations except to the extent that reimbursement for such liability or obligation is available to Grantors under any title insurance policy.

In Witness Whereof, the Grantor has executed this instrument this 17 day of May, 2019.

Michael J. Fritzler
MICHAEL FRITZLER

I certify that I know or have satisfactory evidence that MICHAEL FRITZLER is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Ann M. Gun Howard
Notary Public in and for the State of
Washington, residing at Clark County
My appointment expires 3.22.20



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

389117

I.D. TAG NO.

1179

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

03-011494

136-

State File Number

1. DECEDENT'S NAME First: <u>Clarence</u> Middle: <u>Fredrich</u> Last: <u>FRITZLER</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 23, 2003</u>	
4. SOCIAL SECURITY NUMBER <u>540-16-2031</u>	5a. AGE-Last Birthday (Years) <u>81</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>	5c. Under 1 Day Hours <u> </u> Min. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Bezzine, Kansas</u>	7. DATE OF BIRTH (Month, Day, Year) <u>December 29, 1921</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Sacred Heart Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Bezzine</u>		9d. COUNTY OF DEATH <u>Lane</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Instrument/Technician</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Military - U.S. Air Force</u>		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other (Specify) <u> </u>	
12. SPOUSE (If married, widowed, divorced, etc.) <u>Esther</u>					
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Lane</u>	13c. CITY, TOWN OR LOCATION <u>Creswell</u>	13d. STREET AND NUMBER <u>82155 Butte Rd.</u>		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <u>97426</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, Asian, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <u>12</u> College (1-4 or 5+) <u> </u>					
17. FATHER - NAME first middle last <u>Jacob - Fritzler</u>		18. MOTHER - NAME first middle maiden <u>Mary - Lorenz</u>		19. INFORMANT - NAME and relationship to decedent <u>Esther M. Fritzler, Wife</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Autopsy <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Willamette National Cemetery</u>		20c. LOCATION - City or Town, State <u>Portland, Oregon</u>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON MAKING AS SUCH <u>[Signature]</u>		21b. OREGON LICENSE NO. (If Licensee) <u>3212</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>England's Creswell Memorial Chapel</u> <u>125 W. Oregon Ave., Creswell, OR 97426</u>		
23. DATE FILED (Month, Day, Year) <u>MAY 29 2003</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

NOV 07 2018

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

