



After recording return to:  
Shane A. Quire and Mary P. Quire  
PO Box 384  
Prineville, OR 97754

Until a change is requested all tax  
statements shall be sent to the  
following address:  
Shane A. Quire and Mary P. Quire  
PO Box 384  
Prineville, OR 97754

File No.: 7064-3221770 (SNB)

Date: April 10, 2019

2:25:49 AM

THIS SPACE RESERVED FOR RECORD

2019-007437

Klamath County, Oregon

07/02/2019 10:07:09 AM

Fee: \$92.00

### STATUTORY WARRANTY DEED

**Gordon D. Eggleston**, Grantor, conveys and warrants to **Shane A. Quire and Mary P. Quire as tenants by the entirety**, 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:

**A parcel of land situated in the E1/2 N1/2 N1/2 NW1/4 SE1/4 of Section 16, Township 23 South, Range 10 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:**

**Beginning at a point, the East center 1/16 corner of section 16; thence along the East 1/16 Section Line, South 00 degrees 27' 19" West 325.30 feet to a point; thence South 88 degrees 20' 24" West 660.62 feet to a #5 plastic-capped steel rod; thence North 01 degrees 43' 05" East 322.46 feet to a point along the center quarter section line; thence along said center quarter line, North 88 degrees 02' 40" East 653.66 feet to the point of beginning. Bearings based on Minor Partition No. 81-125.**

**Subject to:**

1. 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.
2. Taxes for the fiscal year 2019-2020 a lien due, but not yet payable.

The true consideration for this conveyance is **\$175,000.00**. (Here comply with requirements of ORS 93.030)

After recording return to:  
First American Title  
395 SW Bluff Drive, Suite 100  
Bend, OR 97702

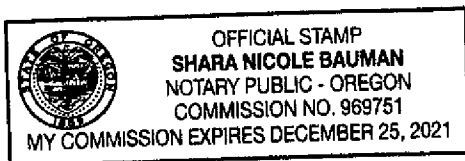
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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 13 day of June, 2019.

  
Gordon D. Eggleston

STATE OF Oregon )  
 )ss.  
County of Deschutes )

This instrument was acknowledged before me on this 13 day of June, 2019  
by **Gordon D. Eggleston**.





Notary Public for Oregon

My commission expires: 12/25/21

# CERTIFICATION OF VITAL RECORD

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

587645

I.D. #44 NO.

STATE FILE NUMBER

1. Legal Name First: <u>Edythe</u> Middle: <u>Paulina</u> Last: <u>Eggleston</u> Suffix: _____			2. Death Date <u>April 12, 2011</u>		
3. Sex <u>Female</u>	4. Age <u>57 years</u>	5. Social Security Number _____		6. County of Death <u>Deschutes</u>	
7. Birthdate <u>August 10, 1953</u>		8. Birthplace <u>Phoenix, Arizona</u>		9. Decedent's Education <u>Some college</u>	
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>AIAN - Choctaw 1/4 degree</u>		12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>	
13. Residence: Number and Street <u>149686 Kurtz Road</u>			14. City/Town <u>La Pine</u>		16. Inside City Limits? <u>No</u>
15. Residence County <u>Klamath</u>			17. Zip Code + 4 <u>97739</u>		
18. State of Foreign Country <u>Oregon</u>		19. Zip Code + 4 <u>97739</u>		20. Inside City Limits? <u>No</u>	
21. Marital Status at Time of Death <u>Married</u>			22. Spouse's Name Prior to First Marriage <u>Gordon Douglas Eggleston</u>		
23. Usual Occupation <u>Homemaker</u>			24. Kind of Business/Industry <u>Own Home</u>		
25. Father's Name <u>Royd Homer Carries</u>			26. Mother's Name Prior to First Marriage <u>Peggy Clements Waldron</u>		
27. Informant's Name <u>Wendy Lynn Eggleston</u>		28. Informant's Relationship to Decedent <u>Daughter</u>	29. Mailing Address <u>149686 Kurtz Road, La Pine, OR 97739</u>		
30. Place of Death <u>Hospital-Inpatient</u>			31. Facility Name <u>St. Charles Medical Center - Bend</u>		
32. Location of Death <u>2500 NE Half Road</u>			33. City/Town or Location of Death <u>Bend</u>		
34. Method of Disposition <u>Cremation</u>		35. Place of Disposition <u>Central Oregon Cremation Center</u>		36. State <u>Oregon</u>	
37. Name and Complete Address of Funeral Facility <u>Baird Memorial Chapel</u>		38. Address <u>16468 Finley Butte Road, La Pine, Oregon 97739</u>		39. Date of Disposition <u>April 18, 2011</u>	
40. Funeral Director's Signature <u>Bradley Bolt Beard</u>		41. OR License Number <u>CO-3811</u>		42. Date Received <u>April 21, 2011</u>	
43. Registrar's Signature <u>Andria Mitchell, Deputy Reg.</u>		44. Local File Number <u>0431</u>		45. Amendment	

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49. Time of Death <u>7:36 A.M.</u>
CAUSE OF DEATH				
50. Enter the chain of events - 5 causes, 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	
51. Final disease or condition resulting in death: <u>Sequence of conditions, if any, leading to the cause listed on line 50. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).</u>				
52. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u></u>				
53. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		54. If pregnant, was the death: <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the last year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		55. Did this case contribute to death? <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Possibly <input type="checkbox"/> No <input type="checkbox"/> Unknown
56. Date of Injury (such as victim)		57. Time of Injury	58. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	59. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
60. Location of Injury (number 1 on map of OR, Oregon map 120-4)				
61. Describe how injury occurred				
62. Name and Address of Certifier (Number & Street or P.O. Box, City/Town, State, Zip + 4) <u>JENNIFER LAUGHLIN, D.O., 51600 HUNTINGTON RD LA PINE, OR 97739</u>				
63. Name and Title of Attending Physician or Other Health Care Provider				
64. Title of Certifier <u>Doctor of Osteopathy</u>		65. License Number <u>1027749</u>		66. Date Signed <u>04/20/2011</u>
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated above.				
68. Medical Examiner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
69. Amendment				

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

DATE ISSUED:

**APR 21 2011**

THIS COPY IS NOT VALID WITHOUT INFLUENT STATE SEAL AND BORDER.

*Andria Mitchell*  
ANDRIA MITCHELL  
DEPUTY REGISTRAR  
DESCHUTES COUNTY, OREGON

45-20P (01/08)