

**2020-007776****Klamath County, Oregon**

06/26/2020 08:30:42 AM

Fee: \$112.00

Print Form

**RECORDING COVER SHEET** (Please print or type)

This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

*This space reserved for use by  
Recording Office*

**AFTER RECORDING RETURN TO:** ORS 205.234(1)(c)

DESCHUTES COUNTY TITLE

397 SW UPPER TERRACE DRIVE

BEND OR 97702

**Return To:**  
**Deschutes County**  
**Title Company**

DE 10064

**1. TITLE(S) OF THE TRANSACTION(S)**

ORS 205.234(1)(a)

WARRANTY DEED

**2. DIRECT PARTY(IES) / GRANTOR(S)**

ORS 205.234(1)(b)

WEHMEYER FAMILY TRUST

**3. INDIRECT PARTY(IES) / GRANTEE(S)**

ORS 205.234(1)(b)

GRANTEE: LAND RUN PROPERTIES, LLC

TRUSTEE:

BENEFICIARY:

**4. TRUE and ACTUAL CONSIDERATION**

Amount in dollars or other value/property ORS 205.234(1)(d)

\$ ☒ Other Value ☐ Other PropertyOther value/property is **Whole** ☒ or **Part** ☐ of the consideration**6. SATISFACTION of ORDER or WARRANT**

Check one if applicable: ORS 205.234(1)(f)

☐ FULL ☐ PARTIAL**5. SEND TAX STATEMENTS TO:** ORS 205.234(1)(e)

LAND RUN PROPERTIES, LLC

1205 S AIR DEPOT BLVD STE #295

MIDWEST CITY OK, 73110

**7. The amount of the monetary obligation****imposed by the order or warrant:** ORS 205.234(1)(f)

\$

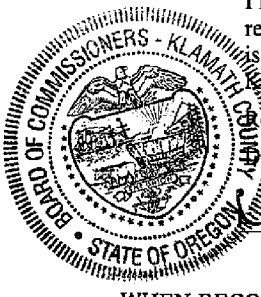
**8. If this instrument is being Re-Recorded, complete the following statement:**

ORS 205.244(2)

Re-recorded at the request of AMERITITLE

to correct LEGAL DESCRIPTION

\_\_\_\_\_ previously recorded in  
Book/Volume 2017 and Page 004963, or as Fee Number \_\_\_\_\_



State of Oregon  
County of Klamath

I hereby certify that instrument #2017-004963,  
recorded on 5/11/2017, consisting of 5 page(s),  
is a correct copy as it appears on record at the  
Klamath County Clerk's office.

Michelle Long, Klamath County Clerk

Date: June 11th, 2020

*Samantha Gardner*  
Samantha Gardner

**2017-004963**

**Klamath County, Oregon**

05/11/2017 09:18:00 AM

Fee: \$62.00

WHEN RECORDED RETURN TO:

MAIL TAX STATEMENT TO:

Land Run Properties, LLC

1205 S Air Depot Blvd Suite #295

Midwest City, OK 73110

#### WARRANTY DEED

THE GRANTOR(S),

- Wehmeyer Family Trust, , 10321 Lesterford Ave, Downey, CA 90241,

for and in consideration of: Two Thousand, Five Hundred Dollars and other good and valuable  
consideration grants, bargains, sells, conveys and warranties to the GRANTEE(S):

- Land Run Properties, LLC, an Oklahoma Limited Liability Company, with a mailing  
address of 1205 S. Air Depot Blvd. Suite #295, Midwest City, OK 73110,

the following described real estate, situated in the County of Klamath, State of Oregon:

#### Parcel ID

#### Recorder:Legal Description

R-3510-023A0-06100-000 Lot 9, Block 13 first addition to Klamath Forest Estates

R-3510-023A0-06200-000 Lot 10, Block 13 first addition to Klamath Forest Estates

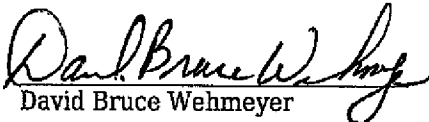
Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions,  
restrictions, rights of way and easements of record the grantor hereby covenants with the  
Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has  
good right to sell and convey the same; and that Grantor, his heirs, executors and  
administrators shall warrant and defend the title unto the Grantee, his heirs and assigns  
against all lawful claims whatsoever.

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. 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.

**Grantor Signatures:**

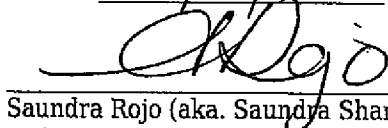
DATED: 3-8-17

  
David Bruce Wehmeyer

Trustee

**Grantor Signatures:**

DATED: 3/4/17

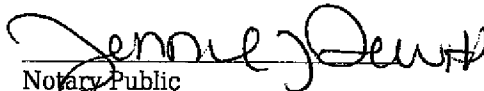
  
Sandra Rojo (aka. Sandra Sharisse Wehmeyer)

Trustee

STATE OF California  
COUNTY OF Los Angeles ss:

This instrument was acknowledged before me on this 4 day of March 2017  
by ~~Wehmeyer Family Trust~~ & Sandra Rojo



  
Notary Public

Signature of person taking acknowledgment

Jennifer J. DeWitt, Notary Public

Title (and Rank)

My commission expires 8.20.19

See Attached ACK

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On March 8, 2017 before me, Jennifer J. DeWitt, Notary Public, Notary Public,  
(Here insert name and title of the officer)

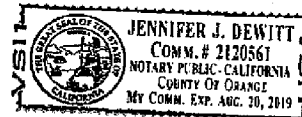
personally appeared David Bruce Wehmeyer

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jennifer J. DeWitt  
Signature of Notary Public



(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Warranty Deed  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ✦ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ✦ Indicate title or type of attached document, number of pages and date.
  - ✦ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

39619024146

STATE FILE NUMBER		STATE OF CALIFORNIA		USE BLACK INK ONLY/NO ERASURES, WITHOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST GIVEN		2. MIDDLE		3. LAST (FAMILY)			
Harry		Berten		Wehmeyer			
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
05/20/1928		68		Male		06/01/1996	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
TX		467-36-4149		19 TO 19 NONE		Married	
14. RACE		15. RACE—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
Caucasian		NONE		H.W. Parking Inc.		12	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Owner		Parking Lot Operation		53			
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. ZIP CODE	
10321 Lesterford Ave.		Downey		Los Angeles		90241	
24. NAME, RELATIONSHIP		25. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE, NUMBER, CITY OR TOWN, STATE, ZIP)		26. YES IN COUNTY		28. STATE OR FOREIGN COUNTRY	
Lila Mae Wehmeyer, Wife		10321 Lesterford Ave., Downey, CA 90241		30		California	
29. NAME OF SURVIVING SPOUSE—FIRST		30. MIDDLE		31. LAST		32. BIRTH STATE	
Lila		Mae		Jackson		TX	
33. NAME OF FATHER—FIRST		34. MIDDLE		35. LAST		36. BIRTH STATE	
Harris		R.		Wehmeyer		TX	
37. NAME OF MOTHER—FIRST		38. MIDDLE		39. LAST		40. BIRTH STATE	
Pauline		Anne Virginia		Naegelin		TX	
41. DATE MM/DD/CCYY		42. PLACE OF FINAL DISPOSITION		43. LICENSE NO.		44. DATE MM/DD/CCYY	
06/05/1996		Rose Hills Memorial Park, 2688 S. Workman Mill Rd, Whittier, CA 90601		7653		06/05/1996	
45. TYPE OF DISPOSITION		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY		48. SIGNATURE OF CORONER	
BU		[Signature]		06/05/1996		[Signature]	
49. NAME OF FUNERAL DIRECTOR		50. ADDRESS OF LOCAL REGISTRAR		51. DATE MM/DD/CCYY		52. SIGNATURE OF CORONER	
Rose Hills Mortuary		20-970		06/05/1996		[Signature]	
101. PLACE OF DEATH		102. RESIDENTIAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
Residence		[X] H.P. [ ] E.R.O.P. [ ] D.O.A. [ ] CON. [ ] HOSP. [ ] RES. [ ] OTHER		Los Angeles		Los Angeles	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH REPORTED TO CORONER		108. DEATH REPORTED TO CORONER	
10321 Lesterford Ave.		Downey		[X] YES [ ] NO		[X] YES [ ] NO	
109. DEATH WAS CAUSED BY: LIST ONLY ONE CAUSE PER LINE FROM A, B, C, D AND E		110. TIME INTERVAL BETWEEN DEATH AND DEATH		111. USED IN DETERMINING CAUSE		112. USED IN DETERMINING CAUSE	
IMMEDIATE CAUSE: A. PANCREATIC CANCER		6 MOS.		[X] YES [ ] NO		[X] YES [ ] NO	
DUE TO (B)				[X] YES [ ] NO		[X] YES [ ] NO	
DUE TO (C)				[X] YES [ ] NO		[X] YES [ ] NO	
DUE TO (D)				[X] YES [ ] NO		[X] YES [ ] NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 109		114. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		115. DATE MM/DD/CCYY		116. DATE MM/DD/CCYY	
DIABETES; ATHEROSCLEROTIC HEART DISEASE		Charles Holzner, MD 9040 Telegraph Rd, Downey, CA 90241		06/03/1996		06/03/1996	
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 109 OR 113? YES, LIST TYPE OF OPERATION AND DATE.		118. SIGNATURE AND TITLE OF CERTIFIER		119. LICENSE NO.		120. DATE MM/DD/CCYY	
BIOPSY OF PANCREAS 11/---/1995		[Signature]		G045314		06/03/1996	
121. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		122. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		123. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		124. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.	
125. MANNER OF DEATH		126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		127. DATE MM/DD/CCYY		128. SIGNED NAME, TITLE OF CORONER OR DEPUTY CORONER	
[X] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] HUNGRY [ ] DROWNING [ ] OTHER		10321 Lesterford Ave., Downey, CA 90241		06/05/1996		[Signature]	
129. SIGNATURE OF CORONER OR DEPUTY CORONER		130. DATE MM/DD/CCYY		131. SIGNED NAME, TITLE OF CORONER OR DEPUTY CORONER		132. DATE MM/DD/CCYY	
[Signature]		06/05/1996		[Signature]		06/05/1996	
133. STATE REGISTRAR		134. FAX AUTH. #		135. CENSUS TRACT		136. CENSUS TRACT	
A B C D E F G H		918-9367					

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

FEB 24 2017



1000001574253

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES

#### DEPARTMENT OF PUBLIC HEALTH

3052016254341		CERTIFICATE OF DEATH		3201619057037	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
LILA		MAE		WEHMEYER	
4. DATE OF BIRTH		5. AGE		6. SEX	
09/10/1929		87		F	
7. DATE OF DEATH		8. HOUR		9. MINUTE	
12/24/2016		2337			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (as of date of death)	
480-42-5216		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. US GRADUATE		14. WAS INCIDENT HISPANIC/LATINO/ASIAN/AMERICAN?		15. DECEDENT'S RACE - (UP to 3 codes may be listed; see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		52	
19. DECEDENT'S RESIDENCE (Street and number, if applicable)		20. CITY		21. COUNTY	
10321 LESTERFORD AVE		DOWNEY		LOS ANGELES	
22. COUNTY		23. ZIP CODE		24. YEARS IN COUNTY	
LOS ANGELES		90241		50	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP		27. ADDRESS OF INFORMANT (Street, city or town, state and zip)	
CA		DAVID BRUCE WEHMEYER, AHCD		10321 LESTERFORD AVE, DOWNEY, CA 90241	
28. NAME OF BURNING SPOT (if applicable)		29. MODEL		30. LAST BIRTH NAME	
		JOHN		JACKSON	
31. NAME OF FATHER (Last, first, middle)		32. MIDDLE		33. LAST	
JOHN		JW		NE	
34. NAME OF MOTHER (Last, first, middle)		35. MIDDLE		36. LAST	
JENNIE		M		NE	
37. NAME OF LAST BIRTH NAME		38. LAST BIRTH NAME		39. BIRTH DATE	
RAYES		RAYES			
40. DATE OF BIRTH		41. PLACE OF BIRTH		42. PLACE OF DEATH	
01/04/2017		3888 WORKMAN MILL RD, WHITTIER, CA 90603		ROSE HILLS MEMORIAL PARK, 3888 WORKMAN MILL RD, WHITTIER, CA 90603	
43. TYPE OF DEATH		44. SIGNATURE OF BUREAU		45. LICENSE NUMBER	
BU		CHERYL NORMAN		EMB9404	
46. NAME OF BUREAU		47. SIGNATURE OF LOCAL REGISTRAR		48. DATE	
ROSE HILLS MORTUARY		JEFFREY GUNZENHAUSER, M.D.		12/29/2016	
49. PLACE OF DEATH		50. HOSPITAL		51. HOSPITAL	
PIH HEALTH HOSPITAL		LOS ANGELES		DOWNEY	
52. COUNTY		53. CITY		54. STATE	
LOS ANGELES		DOWNEY		CA	
55. CAUSE OF DEATH		56. ICD-10 CODE		57. ICD-10 CODE	
SEPSIS		J01.90		J01.90	
58. ICD-10 CODE		59. ICD-10 CODE		60. ICD-10 CODE	
J01.90		J01.90		J01.90	
61. ICD-10 CODE		62. ICD-10 CODE		63. ICD-10 CODE	
J01.90		J01.90		J01.90	
64. ICD-10 CODE		65. ICD-10 CODE		66. ICD-10 CODE	
J01.90		J01.90		J01.90	
67. ICD-10 CODE		68. ICD-10 CODE		69. ICD-10 CODE	
J01.90		J01.90		J01.90	
70. ICD-10 CODE		71. ICD-10 CODE		72. ICD-10 CODE	
J01.90		J01.90		J01.90	
73. ICD-10 CODE		74. ICD-10 CODE		75. ICD-10 CODE	
J01.90		J01.90		J01.90	
76. ICD-10 CODE		77. ICD-10 CODE		78. ICD-10 CODE	
J01.90		J01.90		J01.90	
79. ICD-10 CODE		80. ICD-10 CODE		81. ICD-10 CODE	
J01.90		J01.90		J01.90	
82. ICD-10 CODE		83. ICD-10 CODE		84. ICD-10 CODE	
J01.90		J01.90		J01.90	
85. ICD-10 CODE		86. ICD-10 CODE		87. ICD-10 CODE	
J01.90		J01.90		J01.90	
88. ICD-10 CODE		89. ICD-10 CODE		90. ICD-10 CODE	
J01.90		J01.90		J01.90	
91. ICD-10 CODE		92. ICD-10 CODE		93. ICD-10 CODE	
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94. ICD-10 CODE		95. ICD-10 CODE		96. ICD-10 CODE	
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97. ICD-10 CODE		98. ICD-10 CODE		99. ICD-10 CODE	
J01.90		J01.90		J01.90	
100. ICD-10 CODE		101. ICD-10 CODE		102. ICD-10 CODE	
J01.90		J01.90		J01.90	
103. ICD-10 CODE		104. ICD-10 CODE		105. ICD-10 CODE	
J01.90		J01.90		J01.90	
106. ICD-10 CODE		107. ICD-10 CODE		108. ICD-10 CODE	
J01.90		J01.90		J01.90	
109. ICD-10 CODE		110. ICD-10 CODE		111. ICD-10 CODE	
J01.90		J01.90		J01.90	
112. ICD-10 CODE		113. ICD-10 CODE		114. ICD-10 CODE	
J01.90		J01.90		J01.90	
115. ICD-10 CODE		116. ICD-10 CODE		117. ICD-10 CODE	
J01.90		J01.90		J01.90	
118. ICD-10 CODE		119. ICD-10 CODE		120. ICD-10 CODE	
J01.90		J01.90		J01.90	
121. ICD-10 CODE		122. ICD-10 CODE		123. ICD-10 CODE	
J01.90		J01.90		J01.90	
124. ICD-10 CODE		125. ICD-10 CODE		126. ICD-10 CODE	
J01.90		J01.90		J01.90	
127. ICD-10 CODE		128. ICD-10 CODE		129. ICD-10 CODE	
J01.90		J01.90		J01.90	
130. ICD-10 CODE		131. ICD-10 CODE		132. ICD-10 CODE	
J01.90		J01.90		J01.90	
133. ICD-10 CODE		134. ICD-10 CODE		135. ICD-10 CODE	
J01.90		J01.90		J01.90	
136. ICD-10 CODE		137. ICD-10 CODE		138. ICD-10 CODE	
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139. ICD-10 CODE		140. ICD-10 CODE		141. ICD-10 CODE	
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142. ICD-10 CODE		143. ICD-10 CODE		144. ICD-10 CODE	
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145. ICD-10 CODE		146. ICD-10 CODE		147. ICD-10 CODE	
J01.90		J01.90		J01.90	
148. ICD-10 CODE		149. ICD-10 CODE		150. ICD-10 CODE	
J01.90		J01.90		J01.90	
151. ICD-10 CODE		152. ICD-10 CODE		153. ICD-10 CODE	
J01.90		J01.90		J01.90	
154. ICD-10 CODE		155. ICD-10 CODE		156. ICD-10 CODE	
J01.90		J01.90		J01.90	
157. ICD-10 CODE		158. ICD-10 CODE		159. ICD-10 CODE	
J01.90		J01.90		J01.90	
160. ICD-10 CODE		161. ICD-10 CODE		162. ICD-10 CODE	
J01.90		J01.90		J01.90	
163. ICD-10 CODE		164. ICD-10 CODE		165. ICD-10 CODE	
J01.90		J01.90		J01.90	
166. ICD-10 CODE		167. ICD-10 CODE		168. ICD-10 CODE	
J01.90		J01.90		J01.90	
169. ICD-10 CODE		170. ICD-10 CODE		171. ICD-10 CODE	
J01.90		J01.90		J01.90	
172. ICD-10 CODE		173. ICD-10 CODE		174. ICD-10 CODE	
J01.90		J01.90		J01.90	
175. ICD-10 CODE		176. ICD-10 CODE		177. ICD-10 CODE	
J01.90		J01.90		J01.90	
178. ICD-10 CODE		179. ICD-10 CODE		180. ICD-10 CODE	
J01.90		J01.90		J01.90	
181. ICD-10 CODE		182. ICD-10 CODE		183. ICD-10 CODE	
J01.90		J01.90		J01.90	
184. ICD-10 CODE		185. ICD-10 CODE		186. ICD-10 CODE	
J01.90		J01.90		J01.90	
187. ICD-10 CODE		188. ICD-10 CODE		189. ICD-10 CODE	
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310. ICD-10 CODE		311. ICD-10 CODE		312. ICD-10 CODE	
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313. ICD-10 CODE		314. ICD-10 CODE		315. ICD-10 CODE	
J01.90		J01.90		J01.90	
316. ICD-10 CODE		317. ICD-10 CODE		318. ICD-10 CODE	

exhibit a  
REVISED LEGAL DESCRIPTION

Lot 9, Block 13, KLAMATH FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

AND

Lot 10, Block 13, KLAMATH FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.