

**2020-011821**

**Klamath County, Oregon**

**09/17/2020 01:25:00 PM**

**Fee: \$92.00**

WHEN RECORDED RETURN TO:  
MAIL TAX STATEMENT TO:  
Henstridge Investment Properties, LLC  
4230 SE King Rd. PMB 188  
Milwaukie, OR 97222

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**WARRANTY DEED**

THE GRANTOR(S),

- BALLARD, JOHN E. , 240 VILLAGE DR, WINCHESTER, OR 97495,

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

- Henstridge Investment Properties, LLC, an Oregon Limited Liability  
Company with a mailing address of 4230 SE King Rd. PMB 188, Milwaukie  
OR 97222,

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

KLAMATH FALLS FOREST ESTATES HWY 66 PLAT #2 BLK-44 LOT-21

3811-016A0-03600

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:

*John Ballard*

Grantor Signatures:

DATED: 9-10-20

DATED: \_\_\_\_\_

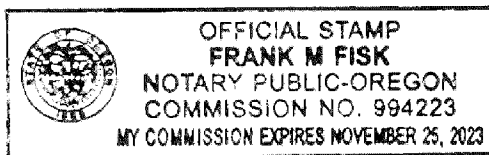
*John E Ballard*

John E Ballard  
240 VILLAGE DR, WINCHESTER, OR  
97495

Regina G Ballard

STATE OF OREGON  
COUNTY OF DOUGLAS, ss:

This instrument was acknowledged before me on this 10<sup>th</sup> day of SEPTEMBER, 2020 by BALLARD, JOHN E. .



*[Signature]*

Notary Public

Signature of person taking  
acknowledgment

NOTARY PUBLIC  
Title (and Rank)

My commission expires 11.25.2023

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-018360

DATE ISSUED: 08/31/2020  
FEE NUMBER: 4608070178

FIRST AND MIDDLE NAME(S): REGINA GWYN  
LAST NAME(S): BALLARD

COUNTY OF DEATH: KING  
DATE OF DEATH: APRIL 15, 2017  
HOUR OF DEATH: 10:35 AM  
SEX: FEMALE AGE: 53 YEARS  
SOCIAL SECURITY NUMBER: 539-78-0958

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 9183-B RAINBOW LN  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: JANUARY 27, 1964  
BIRTH PLACE: ROSWELL, NM

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ADMINISTRATIVE  
INDUSTRY: FORREST SERVICE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: ASHLEY R SANDIEGO  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1207 WILDFLOWER LN MESQUITE, TX 75149

CAUSE OF DEATH:  
A. ANOXIC ENCEPHALOPATHY OF UNCERTAIN ETIOLOGY  
INTERVAL: WEEKS  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF DIABETES AND  
POLYSUBSTANCE ABUSE

DATE OF INJURY: APRIL 01, 2017  
HOUR OF INJURY: 06:00 PM  
INJURY AT WORK: NO  
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 9183 RAINBOW LN UNIT B

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: FOUND UNRESPONSIVE AT HOME;  
UNKNOWN ETIOLOGY

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

FATHER: BILLIE H STONE  
MOTHER: DORIS A SMITH

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: APRIL 20, 2017

FUNERAL FACILITY: PERSONAL ALTERNATIVE FUNERAL SERVICES

ADDRESS: 749 N CENTRAL AVE  
CITY, STATE, ZIP: KENT, WASHINGTON 98032  
FUNERAL DIRECTOR: CALVIN L. TOLBERT

MANNER OF DEATH: UNDETERMINED  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: YES  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: BRIAN S. MAZIM, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER  
CITY, STATE, ZIP: SEATTLE, WA 98104  
DATE SIGNED: APRIL 18, 2017

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 17-0775  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: APRIL 20, 2017

DOH 4225121 (4/15)

NOT VALID IF PHOTOCOPIED OR ALTERED