WARRANTY DEED

Grace H. Blackmon Grantor

Grace H. Blackmon, Trustee Samantha Anderson Trust, dated October 14, 2009 4152 Saddlebrook Road Collegeville, PA 19426-4118 Grantee

After recording return to: Grantee

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

KNOW ALL MEN BY THESE PRESENTS, that GRACE H. BLACKMON, hereinafter called Grantor for the consideration hereinafter stated, does hereby convey and warrant to GRACE H. BLACKMON, Trustee, Trustee of The Samantha Anderson Trust, dated October 14, 2009, hereinafter called Grantee, and unto Grantees' heirs, successors and assigns all of that certain real property with the tenements, herediments and appurtenances thereunto belonging or in anywise appertaining to the following described real property herein in Klamath County, Oregon, to-wit:

Lot 4, Block 10, KLAMATH FALLS FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Map/Tax R-3510-01500-02300-000

and will warrant and defend the same against all persons who may lawfully claim the same,

To Have and to Hold the same unto the said grantee and grantee's heirs, successor and assigns forever.

The true consideration for this conveyance is the sum of OTHER THAN MONEY.

Sept. Dated this S of August, 2020.

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, ØREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Grad

STATE OF Pennsylvania, Montgomory County ss

Personally appeared the above named Grace H. Blackmon, and acknowledged the foregoing instrument to be her voluntary act and deed this _____ day of August 2020.

september

SEAL	Commonwealth of Pennsylvania - Notary Seai JOHN J DAILY - Notary Public Montgomery County My Commission Expires Nov 20, 2021 Commission Number 1320463	Before me: 10 20 Notary Public for Pennisylvania My Commission expires:
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2020-012362 Klamath County, Oregon



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9/8/2020

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Fee: \$87.00

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COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH

VITAL RECORDS

lacksquare

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

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Decedent's Legal Name: John Blackmon				-	ate of Death: August 08, 201	9	
John Blackmon				- Si	cial Security Numb	ier: Sex:	
Age:	Date of Birth:	Birthplace:		er in US Armed Forces:	80-34-8921 Marital Stat	Male tus at Time of Death:	
84 Years	March 02, 1935	Dubuque, Iowa		85	Married		
Residence Address: 4152 Saddlebrook Roa	d Skippack Townsh	ip, Pennsylvania 19426	Surviving Spouse's Nat Grace Bask	ne:			
Residence County: Montgo			Grace Park				
ather / Parent's Name: Roy Lee Blackmon				Mother / Parent's Name: Genevieve Fortsch			
Informant's Name:			Informant's Relationship to Decedent:				
Grace Blackmon			Spouse				
Place of Death: Hospital-Inpatient			City or Town, State, and Zip Code: Hevertown, Pennsylvania 19083				
Kindred Hospital Philadelphia-Havertown			County of Death: Del	County of Death: Delaware			
Method of Disposition: Cremation		Place of Disposition:					
Location of Disposition:			Date of Disposition:			e of Death:	
Philadelphia, Pennsyl			August 10, 2019		1	2:53 PM	
Name and Address of Funeral 501 Easton Road Willo			Fu S	neral Director: viel Wetzel (Electronica	lly Signed)		
PART I. Cause of Death:	··· •·•••		_		<i>x</i> - <i>x</i>	Approximate Interval:	
Immediate Multi	system Organ Failur	A				Onset to Death	
Cause	Statem Al Barri andi	<u>~</u>	· · · · · · · · · · · · · · · · · · ·			days	
b. Sepsi	is			_ <u></u>		weeks	
. Rowe	i Necrosis					weeks	
L. <u></u>							
d Gasti	ointestinal Bleeding					weeks	
PART II. Other Significant Cond	ditions Contributing to Deat	h:	-		an Autopsy Perforn Autopsy Findings /		
~~>>						eath? Unrecorded	
Date of Injury:	Time of Injur	y: Place of Inji	iry:		Inji	ury at Work:	
Location of Injury:	1	Describe Ho	ow injury Occurred:	·	1		
If Transportation Injury, Specif Did Tobacco Use Contribute to		Pregnant at Time of Death:		Manner of Death:			
No		Not Applicable		Natural			
Hispanic Origin: Not Spanish/Hispanic/	Latino	Education: Bachelor's degree		Decedent's Rac White	e:		
Usual Occupation: Police of	fficer		Kind of Business/Indus	itry: Law enforcemer	it.		
Certifier's Name & Title: <i>#ar</i> Address: 401 Horsham F	ry A DeButts DO (Su	peatere on File)				TALTH OF PENN	
Address: 401 Horsham r Date Certified: August 09,		iəyivalila i 7044				LAL MIS	
Registrar's Name/District Num		Signature on File)		46-423	/§		
Date Filed: August 12, 20	019						
		record which is on file in th dance with the Vital Statisti	e 🖌	uday C. Maeroc		STATE TO A STATE	
Law of 1953, as amend		ande min nie vitai Stalisti					
				Audrey C. Marrocco State Registrar		ARTIN AL HER	
				-	×	MENT UT	
		THE DOCUMENT FACE CONTAINS	A YELLOW BACKGROUND AND E	MBOSSED SEAL			
		THE BACK CON	AINS SPECIAL LINES WITH TEXT.				
5.105.1D Rev. (2/2018)	WARNING	THIS DOCUMENT IS PRINTED ON	SECURITY WATERMARKED PAPER TYING THE PRESENCE OF THE WAT		\$	000458125	
			PERFORATION		<u> </u>		
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