



After recording return to:
Kirsten A. Force and Brent D. Force
55906 Wood Duck Drive
Bend, OR 97707

Until a change is requested all tax
statements shall be sent to the
following address:
Kirsten A. Force and Brent D. Force
55906 Wood Duck Drive
Bend, OR 97707

File No.: 7064-3594902 (tb)
Date: October 13, 2020
414997 AM

THIS SPACE RESERVED FOR RECORD

2020-014966

Klamath County, Oregon

11/16/2020 01:46:01 PM

Fee: \$97.00

STATUTORY WARRANTY DEED

Kathleen A. Siep, Grantor, conveys and warrants to **Kirsten A. Force and Brent D. Force 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:

Lot 23 in Block 9, KLAMATH FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon

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.

The true consideration for this conveyance is **\$15,000.00**. (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 14th day of November, 2020.

Kathleen A. Siep
Kathleen A. Siep

STATE OF Oregon)
)ss.
County of Klamath)

This instrument was acknowledged before me on this _____ day of _____, 20____
by **Kathleen A. Siep**.

Notary Public for Oregon
My commission expires:

**Please see attached for CA Civil
Code Section 1189 compliant
acknowledgement/jurat**

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 11-14-2020 before me, Linda Chong, Notary Public,
(insert name and title of the officer)

personally appeared Kathleen A. Siep
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.

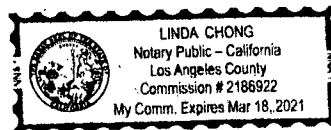
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Linda Chong

(Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202038000591

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST ROBERT		3. LAST (Family) SIEP	
2. MIDDLE GEORGE		4. DATE OF BIRTH mm/dd/yyyy 01/08/1954	
5. AGE Yrs. 66		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER 1415, WAS DECEASED REBAPTIZED/REBAPTIZED? (If yes, see worksheet on back)	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LAK		10. MARITAL STATUS/PROV. In Year of Death MARRIED	
11. EDUCATION - Highest Level/Grade (See worksheet on back) HS GRADUATE		12. DATE OF DEATH mm/dd/yyyy 01/08/2020	
13. DISCEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		14. HOUR (24 Hours) 0555	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)	
CONTRACTOR		CONSTRUCTION	
17. DECEASED'S RESIDENCE (Street and number, or location)		18. YEARS IN OCCUPATION	
970 F LANE		45	
19. CITY		20. COUNTY/PROVINCE	
BIG BEAR CITY		SAN BERNARDINO	
21. ZIP CODE		22. YEARS IN COUNTY	
92314		23	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		KATHLEEN SIEP, SPOUSE	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		26. NAME OF SURVIVING SPOUSE/PROV. - FIRST	
P.O. BOX 849, BIG BEAR CITY, CA 92314		KATHLEEN	
27. MIDDLE		28. LAST (BIRTH NAME)	
ANN		MEYER	
29. NAME OF FATHER/PARENT - FIRST		30. MIDDLE	
ROBERT		FRANK	
31. NAME OF MOTHER/PARENT - FIRST		32. MIDDLE	
AUDREY		MARIE	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
CAMALICK		IL	
35. BIRTH STATE		36. BIRTH STATE	
IL		IL	
37. DISPOSITION DATE mm/dd/yyyy		38. PLACE OF FINAL DISPOSITION RESIDENCE OF: KATHLEEN SIEP	
01/24/2020		970 F LANE, BIG BEAR CITY, CA 92314	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EMBALMER	
CRURES		NOT EMBALMED	
41. NAME OF FUNERAL ESTABLISHMENT		42. LICENSE NUMBER	
BEST CREMATION CARE		FD2154	
43. SIGNATURE OF LOCAL REGISTRAR		44. DATE mm/dd/yyyy	
MAXWELL OHIKHUARE, MD		01/24/2020	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE	
LOMA LINDA UNIVERSITY MEDICAL CENTER		<input checked="" type="checkbox"/> P <input type="checkbox"/> SNIP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
47. COUNTY		48. CITY	
SAN BERNARDINO		LOMA LINDA	
49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		50. DEATH REPORTED TO CORONER?	
11234 ANDERSON STREET		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. CAUSE OF DEATH		52. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (First disease or condition resulting in death) SEPTIC SHOCK		702000227	
53. UNDERLYING CAUSE (List all causes on Line A. Underlying cause is the disease or injury that initiated the events resulting in death) LAST		54. BIRTH STATE	
NON-TRAUMATIC NECROTIZING LOWER EXTREMITY WOUNDS PSEUDOMONAS PERIPHERAL VASCULAR DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 181		56. BIRTH STATE	
ATRIAL FIBRILLATION, CHRONIC REDUCE EJECTION FRACTION, ACUTE KIDNEY INJURY, RHABDOMYOLYSIS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 181 OR 182? (If yes, list type of operation and date)		58. IF FEMALE, PREPARED IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LAK	
59. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		60. SIGNATURE AND TITLE OF CERTIFIER	
Decedent's Attendant Since Decedent Last Seen Alive		PARESH CHANDRA GIRI M.D.	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		62. LICENSE NUMBER	
PARESH CHANDRA GIRI M.D.		A105163	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		64. DATE mm/dd/yyyy	
11234 ANDERSON STREET, LOMA LINDA, CA 92354		01/23/2020	
65. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		66. PLACED AT WORK?	
67. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LAK	
68. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		69. INJURY DATE mm/dd/yyyy	
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		70. HOUR (24 Hours)	
70. LOCATION OF INJURY (Street and number, or location, and city, and zip)		01/08/2020	
71. SIGNATURE OF CORONER / DEPUTY CORONER		72. NAME, TITLE OF CORONER / DEPUTY CORONER	
MAXWELL OHIKHUARE, M.D.		MAXWELL OHIKHUARE, M.D.	
73. DATE mm/dd/yyyy		74. FAX AUTH.#	
01/08/2020		010001004415007	
75. STATE REGISTRAR		76. CENSUS TRACT	
A B C D E		010001004415007	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

FEB 24 2020

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Maxwell Ohikhuare
MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.
PENNON (Rev) 06/17



* 002793814 *

