2023-008773 Klamath County, Oregon

**Grantor**: Marion Kay Buss 1713 Stetson Ct. La Pine, OR 97739



10/10/2023 03:20:53 PM

Fee: \$87.00

Grantee: Marion K. Buss, Trustee **Buss Family Revocable Living Trust** 1713 Stetson Ct. La Pine, OR 97739

## **WARRANTY DEED**

Marion Kay Buss, Grantor, who took title with her late husband G. Earl Buss (death certificate attached), conveys and warrants to Marion K. Buss, Trustee, or successors in trust, of the Buss Family Revocable Living Trust dated March 20, 2020, as amended, Grantee, the following described real property situated in Klamath County, State of Oregon:

LOT 9, BLOCK 5 OF WAGON TRAIL ACREAGES NUMBER 1, FIRST ADDITION, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

This property is subject to all liens, easements, and encumbrances of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

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.

THE LIABILITY AND OBLIGATIONS OF GRANTOR TO GRANTEE AND GRANTEE'S HEIRS AND ASSIGNS UNDER THE WARRANTIES AND COVENANTS CONTAINED HEREIN OR PROVIDED BY LAW SHALL BE LIMITED TO THE EXTENT OF COVERAGE THAT WOULD BE AVAILABLE TO GRANTOR UNDER A STANDARD POLICY OF TITLE INSURANCE CONTAINING EXCEPTIONS FOR MATTERS OF PUBLIC RECORD. IT IS THE INTENTION OF GRANTOR TO PRESERVE ANY EXISTING TITLE INSURANCE COVERAGE. THE LIMITATIONS CONTAINED HEREIN EXPRESSLY DO NOT RELIEVE GRANTOR OF ANY LIABILITY OR OBLIGATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE

SUCH LIABILITY OR OBLIGATIONS.

The consideration for this deed is to place real property in a revocable living trust. Under the terms of the trust, Susan E. Strong of La Pine, OR, is the Co-Trustee.

Unless a change is requested, all tax statements shall be sent to above named Grantee at the following address: 1713 Stetson Ct., La Pine, OR 97739

DATED this \_\_\_\_\_ day of October, 2023.

Marion Kay Buss

STATE OF OREGON

) ss

**County of Deschutes** 

day of October, 2023, personally appeared the above-named Marion Kay Buss and acknowledged the foregoing instrument to be her voluntary act and deed.

OFFICIAL STAMP HANAH MIRAHMADI NOTARY PUBLIC-OREGON COMMISSION NO 1034342 MY COMMISSION EXPIRES FEBRUARY 28, 2027

Notary Public for Oregon

Heltel

**RECORD AND RETURN TO:** 

TWO SPRUCE LAW P.C. 204 SE Miller Avenue Bend, OR 97702

943175

**OREGON HEALTH AUTHORITY** CENTER FOR HEALTH STATISTICS

I.D. TAG NO.		\$ 41 at 24	CERTIFICATE	OF DEATH	<u> </u>	Su la	STATE FILE NUMBER
l. Legal Name Fir Ge	st eorge	Middle Earl	Last Buss		Sul	iix 2.	June 02, 2021
. Sex Male	4. Age 87 ye		cial Security Number		6.	County of Dear	
Birthdate	8. Birl	thplace	•		9.	Decedent's Ed	
January 11, 1934 . Was Decedent of Hisp		rumright, Ok	11. Decedent's Race(	s)			Decedent Ever in
No 3. Residence: Number	and Street		White	14. C	ity/Town	U.S.	Armed Forces? NO
1713 Stetson Cou		144 01 1			a Pine		Landa Olfud imba
i. Residence County <b>Klamath</b>		Orego		17. Zip 0			I. Inside City Limits?
. Marital Status at Time Married	of Death	20.	Spouse's Name Prior to Marion K Hendric				
I. Usual Occupation Electrician		<del></del>		22. K	ind of Business/in Public Trans		
. Father's Name		i de de	4.14	24. Mother's Na	ne Prior to First M		
Everett Robert Book informant's Name	JSS	26. Telephone	Number 27. Relationsh ble Spouse	Velva Iren	8. Mailing Addres	is .	
Marion K Buss  D. Place of Death	14 (5) (4) 1 (4) (4)	Not Availa	DIE Spouse  130. Facility Nam		1713 Stetson	Court, La P	ine, OR 97739
Decedent's Resid	ence					State 3	I. Zip Code + 4
I. Location of Death 1713 Stetson Col			La Pine	or Location of Des	- 10	regon	97739
<ol><li>Method of Disposition Cremation</li></ol>		36. Place of Disp Central On	osition egon Cremation Ce	nter		'. Location a Pine, Ore	<b>gon</b> :
Baird Memorial C				. VIA. TV. 64	te Road, La F		1
Date of Disposition		). Funeral Direc	tor's Signature	7 1 1 4 L. C. C.		I, OR License I	
TBD	<u> </u>		Bradley D Byrhol		Signal	CO-3664	File Number
2. Registrar's Signatur	٠ ١	. D.	10018	Date Received	ı ~ Dl	- LOC	
☐ Yes DYÑo	.6x	7.7		OF DEATH	1 7 17	DMINAL EVEN	TS   Approximate latent
Enter the chain of every     such as cardiac arres	t, respiratory arr	rest or ventricula	fications - that directly cau r florillation without showin	ised the death. D ng the eticlogy. Di	O NOT ENTER TO O NOT ABBREVIA	TE.	TS Approximate Interva Onset to Death
Final disease or cor resulting in deat	ididon [	EDIATE CAUSE	emic respiral	pry faul	ve and r	est fam	he weeks
equentially list condition ading to the cause listed	s, if any, Due t	o (or as a consequ	ence of) $\Psi$	bolism	2.27 .000		months
NTER THE UNDERLYIN	IG Due t	o (or as a conseque		40000			
AUSE LAST (disease or at initiated the events re		o (or as a consequ	nice of) 中	A. 7.	A in		-
eath).	d. ditions contributions	no to death, but	not resulting in the underly	ing cause given a	bove:		
Pu	manary	hyleres	100 A 27 B A0707 - 1		descuer		
<ol> <li>Manner of Death</li> <li>Natural        Homeone</li> </ol>	1777	If Female ot pregnant within p			s to 1 year before de		pacco use contribute to death?  ☐ Probably
☐ Accident ☐ Und		regnant at time of d ot pregnant, but pre	eath Unknown if pr gnant within 42 days before d	egnant within the par eath	st year	<u>1910</u>	Unknown
5. Date of Injury (MON DO			Place of Injury (e.g., Dec		uction site, restauran	t, wooded area)	58. Injury at Work? ☐ Yes ☐ No ☐ Unknown
). Location of Injury (Nur	niber & Street or RFD N	No., City/Town, State, Z	ip + 4)				
0. Describe how injury o	occurred	111.		1812		transportation is	njury, specify.  □ Passenger □ Pedestrian
b blame and Address	f Certifier (Number	& Sireet or RED No. 6	City/Town State 230 + 4)	0 0		Other (Specify)	
suun 5	exran	$2 \omega$	10 NE Deff	Ka, B	end.Ok	444	<u> </u>
3. Name and Title of Att	ending Physicial	n <u>if</u> Other than C	ertifies				
Fittle of Certifier	MAA	i0' na	• A	65. License Nur M D 1 6	nber Q ( Q ,	66. Dat	e Signed (MON DD YYYY)
			rred at the time, date, and	68. Medical Exan	niner - On the basis		クレスレム d/or investigation, in my opinion, de
place, and due to the ea			- 4 (a	occurred at the	time, date, and place	e, and due to the c	ause(s) and manner stated.
9. Amendment		<del>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>	<del></del>	<del>tite diti fi</del>		<del></del>	MANUE

DATE ISSUED:

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

RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

JENNIFER A WOODWARD, Ph.D. STATE REGISTRAR

LCERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL