2024-008331 Klamath County, Oregon



After recording, return to: SCOTT C. SCHULTZ Attorney at Law 969 Willagillespie Road Eugene, OR 97401

09/23/2024 02:47:20 PM

Fee: \$87.00

Until a change is requested, mail all tax statements to: NO CHANGE

WARRANTY DEED

ROBERT C. ALLWANDER, "Grantor", hereby conveys and warrants to ROBERT C. ALLWANDER, Trustee, or his successors in trust, under the ROBERT C. ALLWANDER LIVING TRUST, dated September 11, 2024, and any amendments thereto, "Grantee", the following real property, free of encumbrances except for matters of public record:

Lot 22 in Block 14 of Tract No. 1042, Two Rivers North, according to the official plat thereof on file in the office of the county Clerk of Klamath County, Oregon.

Commonly known as: APN 163879	

THE LIABILITY AND OBLIGATIONS OF THE 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. THE LIMITATIONS CONTAINED HEREIN EXPRESSLY DO NOT RELIEVE GRANTOR OF ANY LIABILITY OR OBLIGATIONS UNDER THIS INSTRUMENT, BUT MERELY DEFINE THE SCOPE, NATURE, AND AMOUNT OF SUCH LIABILITY OR OBLIGATIONS.

THE TRUE CONSIDERATION FOR THIS CONVEYANCE IS \$-0-.

Dated this 14h day of September, 2024.
Robert C. allwarden

ROBERT C. ALLWANDER

State of Oregon) ss.
County of Lane)

This instrument was acknowledged before me on the H day of

C. ALLWANDER.



Maris

Eptember, 2024, by RQBERT

Notary Public for Oregon

1098218 I.D. TAG NO.

7809124

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1. Legal Name First Brenda	Lee	Last Allwander	# ## # #	Suffix	2. Death Date March 20, 2024
Female 7	3 years 5. Social	Security Number		6. County of E	
7. Birthdate 8. May 23, 1950	6. Birtiplace Eugene, Oregon			9. Decedent's Education Some college	
10. Was Decedent of Hispanic Origin? NO		I. Decedent's Race(s) White		12, V	/as Decedent Ever in
13. Residence: Number and Street 463 Greenfield Avenue			14. City/Town Eugene	- 1 -	.c. rames roles ray
15. Residence County Lane	16. State or Foreig Oregon		17. Zip Code + 4 97404		18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		use's Name Prior to First N bert Allwander	Marriage		16
21. Usual Occupation Homemaker		23'E / Ulffullaci	22. Kind of Busine Own Home	ss/industry	
23. Father's Name Howard Hale Burks	LEB IA.	24. A	Nother's Name Prior to Fi	rst Marriage	
25. Informent's Name Robert Allwander	26. Telephone Num Not Available	ber 27. Relationship to D Spouse	ecedent 28, Mailing Ac	Idress	
29. Place of Death Decedent's Residence		30. Facility Name	T 103 GIEEN	neid Avenue	, Eugene, OR 97404
31. Location of Death 463 Greenfield Avenue		32. City/Town or Loca Eugene	ation of Death	33. State Oregon	34. Zip Code + 4 97404
36. Method of Disposition Cremation	36. Place of Disposition Willamette Valle	ev Crematory		37. Location Eugene, Or	viii ii.
38. Name and Complete Address of Fi Alpha Cremation Service	uneral Facility	5300 W 1	1th Avenue, Euge		
39. Date of Disposition TBD	49. Funeral Director's	Signature ik M Wiklund	Electronically	41. OR Lidens	e Number
12. Registrar's Signature	sen	43. Date	AR 2 9 2024	CO-398	cal File Number 10816
45. Amendment			<u> </u>	<u> </u>	



DATE ISSUED:

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

MAR 29 2024
THIS COPY IS NOT VALID WITHOUT INTAGLIC STATE SEAL AND BORDER



JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR