

**After recording return to:**

Strohman Ford, LLC  
1200 Executive Parkway, Suite 100  
Eugene, Oregon 97401

**2025-006820**

Klamath County, Oregon

08/05/2025 11:24:01 AM

Fee: \$97.00

**Send Tax Statements to:**

Richard V. and Angela K. Henderson  
20730 Coburg Rd.  
Harrisburg, OR 97446

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**WARRANTY DEED**

Shirley A. Henderson, who took title to one-half of the property as Shirley A. Henderson and to the other one-half of the property as Shirley Ann Henderson, conveys and warrants to Richard V. Henderson and Angela K. Henderson, as tenants by the entirety, Grantee, the following-described real property located in Klamath County, Oregon:

Township 35 South, Range 10 East, W.M.

Section 17: West ½ of Northwest ¼ of Southeast ¼. (20 acres)

SUBJECT TO: Reservations and restrictions of record, easements and rights of way of record and those apparent on the land.

Grantor Charles R. Henderson is deceased. A copy of Charles R. Henderson's death certificate is attached as Exhibit A.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0.00. This transfer is a gift.

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.

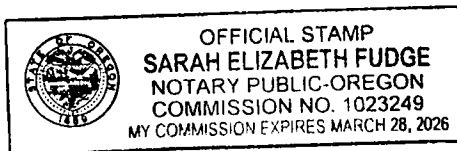
DATED: August 5, 2025

GRANTOR:

Shirley A. Henderson  
Shirley A. Henderson

STATE OF OREGON                    )  
  ) ss.  
County of Lane                    )

Personally appeared before me on August 5, 2025, the above-named Shirley A. Henderson and acknowledged the foregoing instrument to be her voluntary act and deed.



[Signature]  
Notary Public for Oregon

# CERTIFICATION OF VITAL RECORD

394963  
I.D. TAG NO.  
**0228**  
Local File Number

## OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

### DECEDENT

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1. DECEDENT'S NAME First: <b>Charles</b> Middle: <b>Richard</b> Last: <b>HENDERSON</b>			2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 17, 2005</b>		
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) <b>64</b>		5b. Under 1 Year Mos. Days Hours Mins.		5c. Under 1 Day Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) <b>Albany, Oregon</b>			7. DATE OF BIRTH (Month, Day, Year) <b>July 5, 1940</b>				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <b>Sacred Heart Medical Center</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Eugene</b>			9d. COUNTY OF DEATH <b>Lane</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Foreman</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Lumber Mill</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Shirley A. Henderson</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Linn</b>		13c. CITY, TOWN OR LOCATION <b>Harrisburg</b>		13d. STREET AND NUMBER <b>32375 Bush Garden Dr.</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>97446</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER - NAME first middle last <b>Charles William Henderson</b>		18. MOTHER - NAME first middle maiden <b>Ruth M. Moen</b>		19. INFORMANT - NAME and relationship to deceased <b>Shirley Henderson-Wife</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Springfield Memorial Gardens</b>		20c. LOCATION - City or Town, State <b>Springfield, Oregon</b>			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			21b. OREGON LICENSE NO. (Of Licensee) <b>3188</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Murphy-Musgrove Funeral Home 480 W. 7th, Junction City, OR 97448</b>		
23. DATE FILED (Month, Day, Year) <b>JAN 25 2005</b>			24. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

### PARENTS

### DISPOSITION

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### REGISTRAR

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### CERTIFIER

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### CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

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### CAUSE OF DEATH

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TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH <b>11:53 P.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH <b>M</b>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) <b>1-19-05</b>				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Douglas Bailey, MD 355 W. 3rd, Junction City, OR 97448</b>							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) <b>INFILTRATOR MYOCARDIUM / INTERACTION</b>						Interval between onset and death <b>2 hours</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>sleep apnea</b>				37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. IF YES were findings considered in determining cause of death?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

DATE ISSUED: **JAN 25 2005**

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

*Miriam S. Bolton*  
MIRIAM S. BOLTON  
COUNTY REGISTRAR  
LANE COUNTY, OREGON

45-2-Rev (3-88)



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE