



02/02/2026 12:42:53 PM

Fee: \$122.00

RECORDING COVER SHEET

This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, ORS 205.234, and does NOT affect the instrument.

AFTER RECORDING RETURN TO:

Heather O. Gilmore, P.C.
PO Box 21043
Keizer, OR 97307

- 1. **TITLE(S) OF THE TRANSACTION(S) ORS 205.234(1)(a)**
Warranty Deed
- 2. **DIRECT PARTY/ GRANTOR(S) ORS 205.160**
Dale Conner, Successor Trustee of the Kingsbury and Lucy Conner Family Trust of 1989
- 3. **INDIRECT PARTY/ GRANTEE(S) ORS 205.160**
Dale Conner, Successor Trustee of the Kingsbury and Lucy Conner Family Trust of 1989

4. TRUE AND ACTUAL CONSIDERATION ORS 93.030(2) – Amount in dollars or other consideration	5. SEND TAX STATEMENTS TO:
\$ NONE	Dale Conner, Successor Trustee of the Kingsbury and Lucy Conner Family Trust of 1989 1345 Wolf Run Road Reno, NV 89511

6. **If this instrument is being Re-Recorded, complete the following statement, in accordance with ORS 205.244: “RE-RECORDED AT THE REQUEST OF _____ TO CORRECT _____ PREVIOUSLY RECORDED IN BOOK _____ AND PAGE _____, OR AS FEE NUMBER _____.”**

Warranty Deed

DALE CONNER, SUCCESSOR TRUSTEE OF THE KINGSBURY AND LUCY CONNER FAMILY TRUST OF 1989, "Grantor," hereby conveys and warrants to DALE CONNER, SUCCESSOR TRUSTEE OF THE KINGSBURY AND LUCY CONNER FAMILY TRUST OF 1989, "Grantee," all of Grantor's right, title, and interest in and to the real property more particularly described on the attached Exhibit A, free of encumbrances except for matters of public record:

SUBJECT TO: Conditions, covenants and restrictions of record.

This deed is recorded to reflect that Kingsbury Conner and Lucy Conner, the prior trustees of the Kingsbury and Lucy Conner Family Trust of 1989 died and that Dale Conner is the Successor Trustee of the Kingsbury and Lucy Conner Family Trust of 1989. An original death certificate for Kingsbury Conner is attached as Exhibit 1. An original death certificate for Lucy Conner is attached as Exhibit 2.

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 NONE.

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, AND 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.

WITNESS the hand of said Grantor on this 15TH day of JANUARY, 2023.⁶ ^(a)

GRANTOR:

[REDACTED]

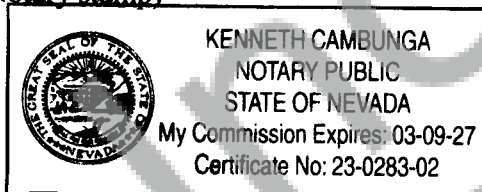
Dale Conner, Successor Trustee of the Kingsbury and Lucy Conner Family Trust of 1989

STATE OF NEVADA

County of Washoe

This instrument was acknowledged before me on 01/15, 2023,⁶ ^{KC}
by DALE CONNER, as SUCCESSOR TRUSTEE OF THE KINGBURY AND LUCY CONNER
FAMILY TRUST OF 1989.

(Notary stamp)



Kent Cambunga
(Signature of notarial officer)

**EXHIBIT A
LEGAL DESCRIPTIONS OF THE PROPERTIES**

PARCEL 1:

LOT 895 OF RUNNING Y RESORT PHASE 11, 1st ADDITION, RECORDED MAY 2, 2003 ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

PARCEL 2:

LOT(S) 297, RUNNING Y RESORT, PHASE 4, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK AT KLAMATH COUNTY, OREGON.

PARCEL 3:

LOT 821 OF RUNNING Y RESORT PHASE 10, RECORDED SEPTEMBER 26, 2001, ACCORDING TO THE OFFICIAL PLAT THEREFORE ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

SUBJECT TO:

Non-delinquent real property taxes and assessments for the current fiscal year and all later years; and to all covenants, conditions, restrictions, reservations, exceptions, limitations, uses, rights, rights-of-way, easements and other matters of record on the date hereof, including, without limitation, the Declaration of Protective Covenants, Conditions, Restrictions, and Easements for The Running Y Ranch Resort recorded August 2, 1996, and the Declaration Annexing Phase 1 of View Point Homesites to The Running Y Ranch Resort recorded October 1, 2001, all of which are hereby incorporated by reference into the body of this instrument as if the same were fully set forth herein.

ALL ABOVE PARCELS SUBJECT TO EASEMENTS, COVENANTS AND RESTRICTIONS OF RECORD.

EXHIBIT 1
ORIGINAL DEATH CERTIFICATE FOR KINGSBURY CONNER

Unofficial
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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4256758

CERTIFICATE OF DEATH

2021032595
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kingsbury Norman CONNER			2. DATE OF DEATH (Mo/Day/Year) December 26, 2021		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 347 Wolf Run Ct		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
DECEDENT	4. SEX Male			5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1938	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Married	
	13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) District Attorney Investigator			14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno		15d. STREET AND NUMBER 347 Wolf Run Ct	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter A CONNER				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carita KINGSBURY			
Cremation	18a. INFORMANT- NAME (Type or Print) Lucy Anne CONNER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 347 Wolf Run Ct Reno, Nevada 89511				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502			
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EVAN M CHERRY MD							22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) December 28, 2021		21c. HOUR OF DEATH 18:22		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan M Cherry MD 1495 Mill Street Reno, NV 89502					23b. LICENSE NUMBER 20000		
	24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Lung Cancer Of Unknown Cell Type Metastatic To Brain						Interval between onset and death 2 Months	
	(b) Unknown Etiology						Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) [REDACTED]						Interval between onset and death	
	(d) [REDACTED]						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN		STATE		

000448072 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

12/30/2021

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

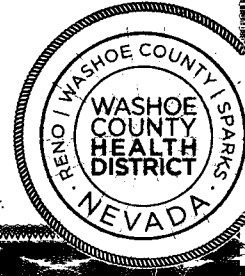


EXHIBIT 2
ORIGINAL DEATH CERTIFICATE FOR LUCY CONNER

Unofficial
Copy

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4321909

CERTIFICATE OF DEATH

2022029557
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lucy Anne CONNER		2. DATE OF DEATH (Mo/Day/Year) December 09, 2022		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 347 Wolf Run Ct.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
PRECEDENT	5. RACE (Specify) Chinese		6. Hispanic Origin? Specify <input checked="" type="checkbox"/> No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) September 07, 1935	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
CREMATION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Way On LIM		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Chow Har LEE			
	18a. INFORMANT - NAME (Type or Print) Dale Michael CONNER		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 1345 Wolf Run Rd Reno, Nevada 89511			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SIGNATURE AUTHENTICATED OLIVIA P BAUGH MD					
	21b. DATE SIGNED (Mo/Day/Yr) December 17, 2022		21c. HOUR OF DEATH 08:33		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Olivia P Baugh MD 235 W 6th Street Reno, NV 89503				23b. LICENSE NUMBER 12758	
	24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 19, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I (a) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Severe Protein Calorie Malnutrition DUE TO, OR AS A CONSEQUENCE OF: (c) Small Bowel Obstruction DUE TO, OR AS A CONSEQUENCE OF: (d) Metastatic Colon Cancer To The Liver					Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Pulmonary Disease, Deep Venous Thrombosis, Hypertension				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
	28d. DESCRIBE HOW INJURY OCCURRED					
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

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SIGNATURE AUTHENTICATED

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12/21/2022

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