

2020-007776**Klamath County, Oregon****06/26/2020 08:30:42 AM****Fee: \$112.00**

Print Form

RECORDING COVER SHEET (Please print or type)

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, and does NOT affect the instrument. ORS 205.234

*This space reserved for use by
Recording Office*

AFTER RECORDING RETURN TO: ORS 205.234(1)(c)

DESCHUTES COUNTY TITLE

397 SW UPPER TERRACE DRIVE

BEND OR 97702

Return To:
Deschutes County
Title Company

DE 10064

1. TITLE(S) OF THE TRANSACTION(S)

ORS 205.234(1)(a)

WARRANTY DEED

2. DIRECT PARTY(IES) / GRANTOR(S)

ORS 205.234(1)(b)

WEHMEYER FAMILY TRUST

3. INDIRECT PARTY(IES) / GRANTEE(S)

ORS 205.234(1)(b)

GRANTEE: LAND RUN PROPERTIES, LLC

TRUSTEE:

BENEFICIARY:

4. TRUE and ACTUAL CONSIDERATION

Amount in dollars or other value/property ORS 205.234(1)(d)

\$ _____ ☒ Other Value ☐ Other Property
Other value/property is **Whole** ☒ or **Part** ☐ of the consideration

6. SATISFACTION of ORDER or WARRANT

Check one if applicable: ORS 205.234(1)(f)

☐ FULL ☐ PARTIAL**5. SEND TAX STATEMENTS TO:** ORS 205.234(1)(e)

LAND RUN PROPERTIES, LLC

1205 S AIR DEPOT BLVD STE #295

MIDWEST CITY OK, 73110

**7. The amount of the monetary obligation
imposed by the order or warrant:** ORS 205.234(1)(f)

\$ _____

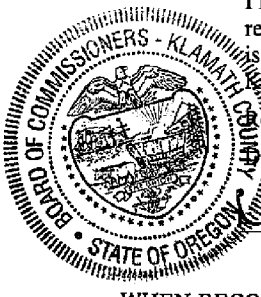
8. If this instrument is being Re-Recorded, complete the following statement:

ORS 205.244(2)

Re-recorded at the request of AMERITITLE

to correct LEGAL DESCRIPTION

_____ previously recorded in
Book/Volume 2017 and Page 004963, or as Fee Number _____



State of Oregon
County of Klamath

I hereby certify that instrument #2017-004963,
recorded on 5/11/2017, consisting of 5 page(s),
is a correct copy as it appears on record at the
Klamath County Clerk's office.

Michelle Long, Klamath County Clerk

Date: June 11th, 2020

Samantha Gardner
Samantha Gardner

2017-004963

Klamath County, Oregon

05/11/2017 09:18:00 AM

Fee: \$62.00

WHEN RECORDED RETURN TO:

MAIL TAX STATEMENT TO:

Land Run Properties, LLC

1205 S Air Depot Blvd Suite #295

Midwest City, OK 73110

WARRANTY DEED

THE GRANTOR(S),

- Wehmeyer Family Trust, , 10321 Lesterford Ave, Downey, CA 90241,

for and in consideration of: Two Thousand, Five Hundred Dollars and other good and valuable
consideration grants, bargains, sells, conveys and warranties to the GRANTEE(S):

- Land Run Properties, LLC, an Oklahoma Limited Liability Company, with a mailing
address of 1205 S. Air Depot Blvd. Suite #295, Midwest City, OK 73110,

the following described real estate, situated in the County of Klamath, State of Oregon:

Parcel ID

Recorder:Legal Description

R-3510-023A0-06100-000 Lot 9, Block 13 first addition to Klamath Forest Estates

R-3510-023A0-06200-000 Lot 10, Block 13 first addition to Klamath Forest Estates

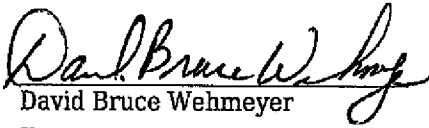
Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions,
restrictions, rights of way and easements of record the grantor hereby covenants with the
Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has
good right to sell and convey the same; and that Grantor, his heirs, executors and
administrators shall warrant and defend the title unto the Grantee, his heirs and assigns
against all lawful claims whatsoever.

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. 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.

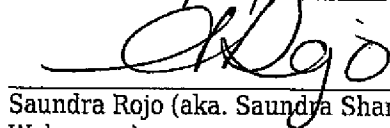
Grantor Signatures:

DATED: 3-8-17


David Bruce Wehmeyer
Trustee

Grantor Signatures:

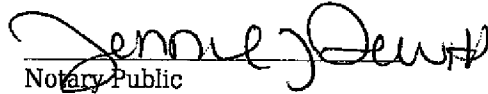
DATED: 3/4/17


Sandra Rojo (aka. Sandra Sharisse
Wehmeyer)
Trustee

STATE OF California
COUNTY OF Los Angeles ss:

This instrument was acknowledged before me on this 4 day of March 2017
by ~~Wehmeyer Family Trust~~ & Sandra Rojo




Notary Public

Signature of person taking acknowledgment

Jennifer J. DeWitt, Notary Public

Title (and Rank)

My commission expires 8-20-19

See Attached ACK

CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 March 8, 2017 before me, Jennifer J. DeWitt, Notary Public, Notary Public,
(Here insert name and title of the officer)

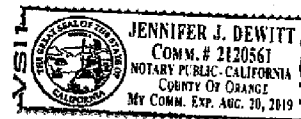
personally appeared David Bruce Wehmeyer

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.

Jennifer J. DeWitt
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Warranty Deed
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ✦ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ✦ Indicate title or type of attached document, number of pages and date.
 - ✦ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

39619024146

STATE FILE NUMBER		STATE OF CALIFORNIA		USE BLACK INK ONLY/NO ERASURES, WITHOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST GIVEN		2. MIDDLE		3. LAST (FAMILY)			
Harry		Berten		Wehmeyer			
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
05/20/1928		68		Male		06/01/1996	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
TX		467-36-4149		19 TO 19 NONE		Married	
14. RACE		15. RACE—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
Caucasian		NONE		H.W. Parking Inc.		12	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Owner		Parking Lot Operation		53			
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. ZIP CODE	
10321 Lesterford Ave.		Downey		Los Angeles		90241	
24. NAME, RELATIONSHIP		25. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE, NUMBER, CITY OR TOWN, STATE, ZIP)		26. YES IN COUNTY			
Lila Mae Wehmeyer, Wife		10321 Lesterford Ave., Downey, CA 90241		28. STATE OR FOREIGN COUNTRY			
28. NAME, RELATIONSHIP		29. MIDDLE		30. LAST		31. BIRTH STATE	
Lila		Mae		Jackson		TX	
32. NAME OF FATHER—FIRST		33. MIDDLE		34. LAST		35. BIRTH STATE	
Harris		R.		Wehmeyer		TX	
36. NAME OF MOTHER—FIRST		37. MIDDLE		38. LAST		39. BIRTH STATE	
Pauline		Anne Virginia		Naegelin		TX	
40. DATE MM/DD/CCYY		41. PLACE OF FINAL DISPOSITION		42. SIGNATURE OF LOCAL REGISTRAR			
06/05/1996		Rose Hills Memorial Park, 2688 S. Workman Mill Rd, Whittier, CA 90601		43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE MM/DD/CCYY		47. SIGNATURE OF LOCAL REGISTRAR	
Rose Hills Mortuary		RD-970		06/05/1996		H	
101. PLACE OF DEATH		102. RESIDENTIAL STATUS ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
Residence		NONE		NONE		Los Angeles	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH REPORTED TO CORONER			
10321 Lesterford Ave.		Downey		YES ☐ NO ☒			
108. DEATH WAS CAUSED BY: LIST ONLY ONE CAUSE PER LINE FROM A, B, C, D AND E		109. TIME INTERVAL BETWEEN DEATH AND DEATH		110. DEATH REPORTED TO CORONER		111. USED IN DETERMINING CAUSE	
A. PANCREATIC CANCER		6 MOS.		YES ☒ NO ☐		YES ☐ NO ☒	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? YES, LIST TYPE OF OPERATION AND DATE.		114. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
DIABETES; ATHEROSCLEROTIC HEART DISEASE		BIOPSY OF PANCREAS 11/---/1995		Charles Holzner, MD 9040 Telegraph Rd, Downey, CA 90241			
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NO.		118. DATE MM/DD/CCYY	
05/03/1993 05/24/1996		Charles Holzner, MD		G045314		06/03/1996	
119. MANNER OF DEATH		120. MARY AT WORK		121. MARY DATE MM/DD/CCYY		122. HOUR	
NATURAL ☐ SUICIDE ☐ HOMICIDE ☐		YES ☐ NO ☒		123. MARY DATE MM/DD/CCYY		124. HOUR	
ACCIDENT ☐ PERSONAL INVESTIGATION ☐ COULD NOT BE DETERMINED ☐		125. DESCRIBE HOW MARY OCCURRED EVENTS WHICH RESULTED IN MARY		126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
127. SIGNATURE OF CORONER OR DEPUTY CORONER		128. DATE MM/DD/CCYY		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		130. FAX AUTH. #	
1579						918-9367	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	
				918-9367			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

FEB 24 2017



1000001574253

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF PUBLIC HEALTH

3052016254341

CERTIFICATE OF DEATH

3201619057037

STATE PLATE NUMBER LILA		1. NAME OF OCCIDENTER - FIRST (Last) LILA M WEHMEYER		2. NAME OF OCCIDENTER - FIRST (Last) LILA M WEHMEYER		3. LAST FIRST WEHMEYER		LOCAL REGISTRATION NUMBER	
4. ALIAS KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) LILA M WEHMEYER		5. SOCIAL SECURITY NUMBER 460-42-5215		6. DATE OF BIRTH (month/day) 09/10/1929		7. SEX Yes 87		8. MARITAL STATUS (in Year of Death) WIDOWED	
9. EDUCATION - Highest Level Completed (see explanation on back) HIG GRADUATE		10. MAJOR OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		11. RACE (in Year of Death) WHITE		12. DATE OF DEATH (month/day) 12/24/2016		13. HOUR (24 Hour) 2337	
14. TYPE OF HOME OWN HOME		15. TYPE OF BUSINESS OR OCCUPATION (e.g., grocery store, land construction, employment agency, etc.)		16. TYPE OF OCCUPATION (e.g., home, construction site, worked area, etc.)		17. TYPE OF OCCUPATION (e.g., home, construction site, worked area, etc.)		18. TYPE OF OCCUPATION (e.g., home, construction site, worked area, etc.)	
19. COUNTY (FEDERAL) LOS ANGELES		20. ZIP CODE 90241		21. STATE (FEDERAL) CA		22. COUNTY (FEDERAL) LOS ANGELES		23. ZIP CODE 90241	
24. NAME OF NEXT OF KIN DAVID BRUCE WEHMEYER, AHCD		25. ADDRESS OF NEXT OF KIN 10321 LESTERFORD AVE, DOWNEY, CA 90241		26. NAME OF NEXT OF KIN DAVID BRUCE WEHMEYER, AHCD		27. ADDRESS OF NEXT OF KIN 10321 LESTERFORD AVE, DOWNEY, CA 90241		28. NAME OF NEXT OF KIN DAVID BRUCE WEHMEYER, AHCD	
29. NAME OF NEXT OF KIN JOHN		30. ADDRESS OF NEXT OF KIN JOHN		31. NAME OF NEXT OF KIN JOHN		32. ADDRESS OF NEXT OF KIN JOHN		33. NAME OF NEXT OF KIN JOHN	
34. NAME OF NEXT OF KIN JENNIE		35. ADDRESS OF NEXT OF KIN JENNIE		36. NAME OF NEXT OF KIN JENNIE		37. ADDRESS OF NEXT OF KIN JENNIE		38. NAME OF NEXT OF KIN JENNIE	
39. DATE OF DEATH (month/day) 01/04/2017		40. PLACE OF DEATH (e.g., HOME, HOSPITAL, NURSING HOME, etc.) ROSE HILLS MEMORIAL PARK		41. TYPE OF DEATH (e.g., SUICIDE, ACCIDENT, etc.) 8U		42. TYPE OF DEATH (e.g., SUICIDE, ACCIDENT, etc.) 8U		43. LICENSE NUMBER EMB9404	
44. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MEMORIAL PARK		45. ADDRESS OF FUNERAL ESTABLISHMENT 3888 WORKMAN MILL RD, WHITTIER, CA 90603		46. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MEMORIAL PARK		47. ADDRESS OF FUNERAL ESTABLISHMENT 3888 WORKMAN MILL RD, WHITTIER, CA 90603		48. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MEMORIAL PARK	
49. PLACE OF BIRTH LOS ANGELES		50. SOCIAL SECURITY NUMBER 460-42-5215		51. TYPE OF BIRTH (e.g., BIRTH, ADOPTION, etc.) 8U		52. TYPE OF BIRTH (e.g., BIRTH, ADOPTION, etc.) 8U		53. TYPE OF BIRTH (e.g., BIRTH, ADOPTION, etc.) 8U	
54. NAME OF HOSPITAL PIN HEALTH HOSPITAL		55. ADDRESS OF HOSPITAL 11500 BROOKSHIRE AVE		56. NAME OF HOSPITAL PIN HEALTH HOSPITAL		57. ADDRESS OF HOSPITAL 11500 BROOKSHIRE AVE		58. NAME OF HOSPITAL PIN HEALTH HOSPITAL	
59. CAUSE OF DEATH SEPSIS		60. CAUSE OF DEATH SEPSIS		61. CAUSE OF DEATH SEPSIS		62. CAUSE OF DEATH SEPSIS		63. CAUSE OF DEATH SEPSIS	
64. CAUSE OF DEATH PNEUMONIA		65. CAUSE OF DEATH PNEUMONIA		66. CAUSE OF DEATH PNEUMONIA		67. CAUSE OF DEATH PNEUMONIA		68. CAUSE OF DEATH PNEUMONIA	
69. CAUSE OF DEATH END STAGE RENAL DISEASE		70. CAUSE OF DEATH END STAGE RENAL DISEASE		71. CAUSE OF DEATH END STAGE RENAL DISEASE		72. CAUSE OF DEATH END STAGE RENAL DISEASE		73. CAUSE OF DEATH END STAGE RENAL DISEASE	
74. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., CHRONIC DISEASE, etc.) NO		75. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., CHRONIC DISEASE, etc.) NO		76. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., CHRONIC DISEASE, etc.) NO		77. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., CHRONIC DISEASE, etc.) NO		78. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., CHRONIC DISEASE, etc.) NO	
79. SIGNATURE AND TITLE OF OCCIDENTER P WANG JI M.D.		80. SIGNATURE AND TITLE OF OCCIDENTER P WANG JI M.D.		81. SIGNATURE AND TITLE OF OCCIDENTER P WANG JI M.D.		82. SIGNATURE AND TITLE OF OCCIDENTER P WANG JI M.D.		83. SIGNATURE AND TITLE OF OCCIDENTER P WANG JI M.D.	
84. DATE OF DEATH (month/day) 12/24/2016		85. DATE OF DEATH (month/day) 12/24/2016		86. DATE OF DEATH (month/day) 12/24/2016		87. DATE OF DEATH (month/day) 12/24/2016		88. DATE OF DEATH (month/day) 12/24/2016	
89. NAME OF DEATH (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		90. NAME OF DEATH (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		91. NAME OF DEATH (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		92. NAME OF DEATH (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		93. NAME OF DEATH (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO	
94. DATE OF INJURY (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		95. DATE OF INJURY (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		96. DATE OF INJURY (e.g., HOME, CONSTRUCTION SITE, WORKED AREA, etc.) NO		97. DATE OF INJURY (e.g., HOME, CONSTRUCTION SITE, WORKED			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
84

001141434

DATE ISSUED _____

DEC 30 2016

DO 20

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



exhibit a
REVISED LEGAL DESCRIPTION

Lot 9, Block 13, KLAMATH FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

AND

Lot 10, Block 13, KLAMATH FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.