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
DE10064

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

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

6. SATISFACTION of ORDER or WARRANT
Check one if applicable: ORS 205.234(1)(f)
☐ FULL ☐ PARTIAL

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.

Rochelle Long, Klamath County Clerk

Date: June 11th, 2020

Samantha Gardner

Samantha Gardner

BOARD OF COMMISSIONERS - KLAMATH COUNTY - STATE OF OREGON

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

Saundra Rojo (aka. Saundra 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.~~ Saundra Rojo

JENNIFER J. DEWITT
COMM.# 2120561
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. AUG. 20, 2019

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
(Here insert name and title of the officer), Notary Public,

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.

Signature of Notary Public

(Notary Seal)

JENNIFER J. DEWITT
COMM. # 2120561
NOTARY PUBLIC - CALIFORNIA
COUNTY OF ORANGE
MY COMM. EXP. AUG. 20, 2019

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

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93)

STATE FILE NUMBER: 3961902 4146 — LOCAL REGISTRATION NUMBER:

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Harry	Berten	Wehmeyer

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
05/20/1928	68			Male	06/01/1996	0907

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE (19 — TO 19 — / NONE)	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
TX	467-36-4149		Married	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Caucasian	☐ YES ☒ NO	H.W. Parking Inc.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Owner	Parking Lot Operation	53

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
10321 Lesterford Ave.	Downey	Los Angeles	90241	30	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Lila Mae Wehmeyer, Wife	10321 Lesterford Ave., Downey, CA 90241

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Lila	Mae	Jackson	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Harris	R.	Wehmeyer	TX
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Pauline	Anne Virginia	Naegelin	TX

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
06/05/1996	Rose Hills Memorial Park, 3888 S. Workman Mill Rd, Whittier, CA 90601

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ David Serrion	7653
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO. / 46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Rose Hills Mortuary	FD-970 ▶ Mark Ginn	06/05/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
Residence	☐ IP ☐ ER/OP ☐ DOA	☐ SKNF. HOSP. ☒ Res. ☐ Other	Los Angeles
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY
10321 Lesterford Ave.			Downey

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	PANCREATIC CANCER	6 MOS.
DUE TO (B)		
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER:

109. BIOPSY PERFORMED: ☒ YES ☐ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: DIABETES; ATHEROSCLEROTIC HEART DISEASE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, GIVE TYPE OF OPERATION AND DATE: BIOPSY OF PANCREAS 11/--/1995

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
DECEDENT ATTENDED SINCE MM/DD/CCYY: 05/03/1993 / DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/24/1996	▶ Charles Holzner MD	G045314	06/03/1996
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Charles Holzner, MD 9040 Telegraph Rd, Downey, CA 90241		

CORONER'S USE ONLY (1014)

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
(1579) ▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								918-9367	

CALOSANG02

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 2 4 2017

1000001574253

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052016254341 — STATE FILE NUMBER

CERTIFICATE OF DEATH
(FORENSIC AUTOPSY)
USE BLACK INK ONLY / NO HANDWRITING OR ALTERATIONS

3201619057037 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
LILA	MAE	WEHMEYER

AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): LILA M WEHMEYER

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If Under One Year: Months / Days	If Under 24 Hours: Hours / Minutes	6. SEX
09/10/1929	87			F

8. BIRTH STATE/FOREIGN COUNTRY	9. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/DOMESTIC PARTNERSHIP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
NE	460-42-5215	☐ YES ☒ NO ☐ UNK	WIDOWED	12/24/2016	2337

13. EDUCATION – Highest Level Degree (see worksheet on back)	14. IS DECEDENT HISPANIC/LATINO/A/X? (If yes, see worksheet on back)	15. DECEDENT'S RACE – (If more than 3 races may be listed (see worksheet on back))
HS GRADUATE	☐ YES ☒ NO	WHITE

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	52

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
10321 LESTERFORD AVE				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
DOWNEY	LOS ANGELES	90241	50	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. Mailing Address (Street and number, or rural route number, city or town, state and zip)
DAVID BRUCE WEHMEYER, AHCD	10321 LESTERFORD AVE, DOWNEY, CA 90241

SPOUSE/REGD PARTNER/PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/REGD PARTNER – FIRST	29. MIDDLE	30. LAST (Birth Name)	
-			
31. NAME OF FATHER/PARENT – FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JOHN	W	JACKSON	NE
35. NAME OF MOTHER/PARENT – FIRST	36. MIDDLE	37. LAST (Birth Name)	38. BIRTH STATE
JENNIE	M	HAYES	NE

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
01/04/2017	ROSE HILLS MEMORIAL PARK	3888 WORKMAN MILL RD, WHITTIER, CA 90601

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU	CHERYL NORMAN	EMB9404
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER** / **46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
ROSE HILLS MORTUARY	FD970 / JEFFREY GUNZENHAUSER, MD	12/29/2016

PLACE OF DEATH

100. PLACE OF DEATH	101. IF HOSPITAL, SPECIFY DOS:	102. IF OTHER THAN HOSPITAL, SPECIFY ONE
PIH HEALTH HOSPITAL	☒ IP ☐ EMOP ☐ ED/OA	☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other

103. COUNTY	104. FACILITY ADDRESS OR LOCATION (Street and number, or location)	105. CITY
LOS ANGELES	11500 BROOKSHIRE AVE	DOWNEY

CAUSE OF DEATH

107. CAUSE OF DEATH

		Time Interval (between Onset and Death)	108. CORONER REFERRAL?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPSIS	(a) 12 HRS	☐ YES ☒ NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	b. PNEUMONIA	(b) 24 HRS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	c.	(c)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	d.	(d)	111. DID INJURY CONTRIBUTE TO DEATH? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: END STAGE RENAL DISEASE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 107 OR 112? (If yes, list type of surgery and date.): NO

112A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since: (a) mm/dd/ccyy 12/24/2016 / Decedent Last Seen Alive: (b) mm/dd/ccyy 12/24/2016	WANG JI M.D.	A125738	12/29/2016

118. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: WANG JI M.D. 10000 LAKEWOOD BLVD, DOWNEY, CA 90240

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED AND THE CAUSE(S) STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

10000100943476S

CALOSANGO1

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.

001141434

Health Officer and Registrar, MD — 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.