NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODU

0022477204800438440020026

11/14/2018 09:35:47 AM

Fee: \$87.00

SPACE RESERVED FOR RECORDER'S USE

Juanita Everly 145041 Greenwood Rd Lapine OR 9739 Grantor's Name and Address Lapine Diana Everly 144911 Trotter Ct Lapine OR 97739 Grantee's Name and Address
After recording, return to (Name and Address):
See Everlyand Dana Everly
144911 Trother C+
Larine Dr 97739
Until requested otherwise, send all tax statements to (Name and Address):
Low & Diani Every
1449ill Trother Ct
LaPine 02 97739

KNOW ALL BY THESE PRESENTS that EXTURE
\ \ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto
book Everly and Diana Everly
hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain
real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated
County, State of Oregon, described as follows (legal description of property):
Lot 23 and 24, Block 1, tract 1060, Sunforest
Setates, according to the Oblicial Plat there of on
sentes, according to

Lot 23 and 24, Block 1, tract 1060, sunforest Estates, according to the Obtical Plat there of on July in the office of the country clerk of Klamenth Country, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; any

SIGNATURE ON behalf of a business or other entity is made with the authority of that entity.

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 85. OREGON LAWS 2009. AND SECTIONS 2 TO 7, CHAPTER 8. OREGON LAWS 2010. THIS INSTRUMENT TO SECTIONS 2 TO 7. CHAPTER 85. OREGON LAWS 2010. 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.

Quarrita	Leve	Ucs	
	<del>-</del>		

STATE OF OREGON. County of Deschutes

This instrument was acknowledged before me on March 23, 2018

by Juanuta L. Ever 14

This instrument was acknowledged before me on

This instrument was acknowledged before me on \_\_\_

as Grantor of 145041 Greenwood Rd Lapine OR 97739

OFFICIAL STAMP
VIRGINIA EVELYN CLASSEN
NOTARY PUBLIC - OREGON
COMMISSION NO. 989580
MY COMMISSION EXPIRES DECEMBER 12, 2021

Notary Public for Oregon December 12, 2021

My commission expires December 12, 2021

PUBLISHER'S NOTE: If using this form to convey real property subject to ORS 92.027, include the required reference.

## STATE OF OREGON

CERTIFICATION OF VITAL RECORD

A CONTRACTOR OF THE PROPERTY O

5.4

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

5.	Legal Name	First Robert	Middi Jen	nings	Last Everly		- 8	ieiffx	2. Death Date Augus	t 13, 2014
	Sex Male		2 years	5. Social Sec	surity Number	543-30-7	614	6. County of Deschi	rtes	
	Birthdate December 05,		Birthplace Mount Ve	ernon, Ohi	, == :				hool grad, or	
e	Was Decedent of No.		?	11;	Decedent's Race(i White				Was Decedent Ev U.S. Armed Force	
13	3. Residence: Nun 145041 Greer	nland Drive	Trause.	.:		L	ny/Town		·	<u>.</u>
٠.	s. Residence Coun Klamath	<u> </u>		ate or Foreign Pregori	in the day	17. Zip 0			18. Inside City NO	Limits?
	i. Martial Status et Married	Time of Death			se's Name Prior to nita Lucy Man	sh	. *			
21	<ol> <li>Usual Occupation</li> <li>Painter</li> </ol>	n .		· : 1		Cons	ind of Business Struction	, v		
	3. Father's Name Albert Milton	Everly		v			Christine !	lillinger		
	5. Informent's Nam Juanita Lucy I		28. T	Available	27. Relationsh Spouse	ip to Decedent 2	8. Melling Add PO Box 353	ness 3, La Pine	, OR 97739	
25	<ol> <li>Piece of Death Hospital-Inpar</li> </ol>	tient				s Medical Cer				<i>y</i>
3	1. Location of Deat 2500 NE Neff			len ivi	32. City/Town	or Location of Dea	2.7	33. State Oregon	\$4. Zip Code 977	701
	ii. Method of Dispo Cremation		Centr	of Disposition al Oregon	Cremation Ce	nter		37. Location La Pine, (		
	8. Name and Corre Baird Memori		Funeral Facili	y	164	68 Finley Butt	te Road, La	Pine, Ore	gon 97739	
34	Date of Disposition     August 21, 20	Ort .	40. Funere	Director's 8	ignature Hey Bolt Batt	rd	Electronically.	41, OR Lice CO-38		
4:	2. Refriedran's Sign	parture	7.41	1110		Date Received	252	MUL	Local File Numbe	971
4	5. Amendment	//XXLI		للكر	IIXXX	MINI	0,0	<u> </u>		·



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

AUG 2 5 2014

JENNIFERA WOODWARD, Ph.D. STATE REGISTRAR



DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER