

Returned at Counter

Scott MacArthur

2019-000979

Klamath County, Oregon



00235172201900009790030032

02/01/2019 01:34:30 PM

Fee: \$92.00

**WARRANTY DEED**

Sherri Torgersen, Trustee  
Grantor

Floyd R. Lacy and Elsa Lacy  
56769 Buckmaster Street  
Bly, OR 97622  
Grantee

After recording return to:  
Grantee

Until a change is requested, all tax statements  
shall be sent to the following address: SAME

KNOW ALL MEN BY THESE PRESENTS, that SHERRI TORGERSEN, Trustee of the Graber Revocable Living Trust, hereinafter called Grantor for the consideration hereinafter stated, does hereby convey and warrant to FLOYD LACY and ELSA LACY, as Tenants by the Entirety, hereinafter called Grantee, and unto Grantees' heirs, successors and assigns all of that certain real property with the tenements, hereditments and appurtenances thereunto belonging or in anywise appertaining to the following described real property herein in Klamath County, Oregon, to-wit:

Lot 11, Block 4 of PINECREST, TRACT 1093, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

and will warrant and defend the same against all persons who may lawfully claim the same,

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

The true consideration for this conveyance is an inheritance and therefore the sum \$24,000.00.

Dated this 1st of February, 2019.

**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.**

Sherri Torgersen  
Sherri Torgersen, Trustee

STATE OF OREGON            )  
  ) ss.  
County of Klamath         )

Personally appeared the above named Sherri Torgersen, Trustee, and acknowledged the foregoing instrument to be her voluntary act and deed this 1st day of February 2019.

SEAL



OFFICIAL STAMP  
JONA ALLEEN NELSON  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 972303  
EXPIRES MARCH 7, 2022

Before me: Dina Hill  
Notary Public for ~~Colorado~~ Oregon  
My Commission expires: 3-7-2022

CERTIFICATE OF INCUMBENCY OF TRUSTEE  
GERALD A. GRABER REVOCABLE LIVING TRUST

AFTER RECORDING RETURN TO:

Sherri Torgersen, Trustee  
9990 Dehlinger Lane  
Klamath Falls, OR 97603

STATE OF OREGON, County of Klamath       )ss

I, Sherri Torgersen being first duly sworn, depose and say:

1. That the GERALD A. GRABER REVOCABLE LIVING TRUST was established by GERALD A. GRABER, by an Agreement dated September 15, 2010, between by GERALD A GRABER, as Trustor and by GERALD A. GRABER, as Trustee. Said Trust names Sherri torgersen, as Successor Trustee, at the death, resignation or incapacity of the surviving spouse.

2. That GERALD A. GRABER, passed away on January 26, 2015; a court certified copy of his Death Certificate is attached hereto and incorporated herein by this reference;

3. That SHERRI TORGERSEN, as Successor Trustee, was not appointed by a Court and was not required to be appointed by a court under Oregon law;

4. By her signature below, SHERRI A. TORGERSEN, hereby consents to serve as Trustee of the Trust, accepting such position as Successor Trustee.

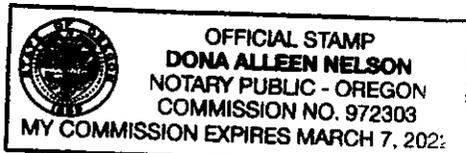
DATED this 1<sup>st</sup> day of February, 2019.

*Sherri Torgersen*  
SHERRI TORGERSEN

Subscribed and sworn to before me this 1<sup>st</sup> day of February, 2019, by Sherri Torgersen.

SEAL

*Dona Alleen Nelson*  
Notary Public for Oregon  
My commission expires 3-7-2022



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

690954  
I.D. TAG NO.

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

STATE FILE NUMBER

\*4453053\*

|   |                         |  |  |  |                                |
|---|-------------------------|--|--|--|--------------------------------|
| 1. Legal Name: First: <b>Gerald</b> Middle: <b>Arnold</b> Last: <b>Graber</b> Suffix:   |                         |  | 2. Death Date: <b>January 26, 2015</b>                           |  |                                |
| 3. Sex: <b>Male</b>   | 4. Age: <b>85 years</b> | 5. Social Security Number: <b>549-38-3518</b>            |  | 6. County of Death: <b>Klamath</b>                                       |                                |
| 7. Birthdate: <b>March 06, 1929</b>   |                         | 8. Birthplace: <b>Fresno, California</b>                 |  | 9. Decedent's Education: <b>8th grade or less</b>                        |                                |
| 10. Was Decedent of Hispanic Origin? <b>No</b>  |                         | 11. Decedent's Race(s): <b>White</b>                     |  | 12. Was Decedent Ever in U.S. Armed Forces? <b>No</b>                    |                                |
| 13. Residence: Number and Street: <b>9990 Dehlinger Lane</b>  |                         |  | 14. City/Town: <b>Klamath Falls</b>                              |  |                                |
| 15. Residence County: <b>Klamath</b>  |                         | 16. State or Foreign Country: <b>Oregon</b>              |  | 17. Zip Code + 4: <b>97603</b>   |                                |
| 18. Inside City Limits? <b>No</b>   |                         | 19. Marital Status at Time of Death: <b>Divorced</b>     |  |  |                                |
| 20. Spouse's Name Prior to First Marriage:  |                         |  | 21. Usual Occupation: <b>Mechanic</b>                            |  |                                |
| 22. Father's Name: <b>Henry Graber</b>  |                         |  | 23. Mother's Name Prior to First Marriage: <b>Millie Sanders</b> |  |                                |
| 24. Informant's Name: <b>Sherril Torgersen</b>  |                         | 25. Telephone Number: <b>Not Available</b>               | 26. Relationship to Decedent: <b>Friend</b>                      | 27. Mailing Address: <b>9990 Dehlinger Lane, Klamath Falls, OR 97603</b> |                                |
| 28. Place of Death: <b>Decedent's Residence - Hospice</b>   |                         |  | 29. Facility Name:   |  |                                |
| 30. Location of Death: <b>9990 Dehlinger Lane</b>   |                         | 31. City/Town or Location of Death: <b>Klamath Falls</b> |  | 32. State: <b>Oregon</b>   | 33. Zip Code + 4: <b>97603</b> |
| 34. Method of Disposition: <b>Cremation</b>   |                         | 35. Place of Disposition: <b>Pyramid Cremations</b>      |  | 36. Location: <b>Klamath Falls, Oregon</b>                               |                                |
| 37. Name and Complete Address of Funeral Facility: <b>Davenport's Chapel of The Good Shepherd, 2680 Memorial Drive, Klamath Falls, Oregon 97601</b> |                         |  |  |  |                                |
| 38. Date of Disposition: <b>TBD</b>   |                         | 39. Funeral Director's Signature: <i>Gary J Mueller</i>  |  | 40. OR License Number: <b>FS-0588</b>                                    |                                |
| 41. Registrar's Signature: <i>Patricia C. Anderson</i>  |                         | 42. Date Received: <b>FEB 03 2015</b>                    |  | 43. Local File Number:   |                                |
| 44. Amendment:  |                         |  |  |  |                                |

County of KLAMATH,  
STATE OF OREGON,  
I hereby certify that the within  
title and correct copy and the only  
of the original.  
Clerk of Court.

*Jennifer A. Woodward*  
Date: *Jan 27, 2015*



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.

DATE ISSUED: **FEB 10 2015**

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE