

470319062830

RECORDING REQUESTED BY:



744 NE 7th Street
Grants Pass, OR 97526

GRANTOR'S NAME:

Gerd S. Taylor

GRANTEE'S NAME:

Matthew Bengard and Sabrina Prud'homme

AFTER RECORDING RETURN TO:

Matthew Bengard and Sabrina Prud'homme, as tenants by the
entirety
145 Scenic Drive
Ashland, OR 97520

SEND TAX STATEMENTS TO:

Matthew Bengard and Sabrina Prud'homme
145 Scenic Drive
Ashland, OR 97520

R70844

1-W2 Lake of the Woods, Klamath Falls, OR 97601

2019-008413

Klamath County, Oregon

07/25/2019 03:04:02 PM

Fee: \$97.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

BARGAIN AND SALE DEED - STATUTORY FORM
(INDIVIDUAL or CORPORATION)

Gerd S. Taylor, Grantor, conveys to Matthew Bengard and Sabrina Prud'homme, as tenants by the entirety, Grantee, the following described real property, situated in the County of Klamath, State of Oregon,

Lot 1 (NW1/4 NW 1/4), Section 14, Township 37 South, Range 5 East, Willamette Meridian, 350 Feet South and 1170 Feet East from the NW Corner, Section 14, more explicitly described as follows: Lot 2, Block W, Lake of the Woods.

The true consideration for this conveyance Three Hundred Fifteen Thousand And No/100 Dollars (\$315,000.00). (See ORS 93.030).

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dated: 7-24-2019

Gerd S. Taylor

State of OREGON
County of JOSEPHINE

This instrument was acknowledged before me on 7-24-19 by Gerd S. Taylor.

Notary Public - State of Oregon

My Commission Expires: 8-25-20



**AFFIDAVIT OF HEIRSHIP,
INHERITANCE AND OWNERSHIP**

STATE OF OREGON

Escrow No.: 470319062830-HP

COUNTY OF JOSEPHINE

In the matter of the nonprobated Estate of Roger L. Taylor, deceased, the undersigned party/parties, being over the age of eighteen (18) years, and having personal knowledge of the following, being first duly sworn, depose and say:

1. (Decedent) died intestate. If testate, a copy of Decedent's Last Will is attached. A copy of decedent's death certificate is attached. Decedent survived Decedent's spouse and a copy of the death certificate of Decedent's spouse is also attached.
2. The following are the sole surviving heirs at law of the Decedent. Their names, residence addresses, and relationship to the Decedent are as follows:
3. Decedent has no deceased children or children of such children that are not set forth in this Affidavit.
4. At the time of death, Decedent had resided at 5550 Upper River Road, Grants Pass, OR 97526 for _____ years.
5. At the time of death, Decedent had an interest in real property ("Subject Property") located at: 1-W2 Lake of the Woods, Klamath Falls, OR 97601; said real property is legally described in the Preliminary Report issued by AmeriTitle under its Order No. N/A .
6. All expenses associated with Decedent's death and all claims against Decedent or Decedent's estate of any kind or nature have been paid. There are no federal estate taxes or state inheritance taxes due on account of Decedent's death. No general assistance has been received from the Adult and Family Services Division or the Mental Health and Developmental Disability Services Division on behalf of Decedent, and no funds or reimbursements are due and owing to the State or to any other agency.
7. The purpose of this Affidavit is to induce AmeriTitle and its underwriter to issue its Policies of Title Insurance, and to indemnify AmeriTitle from, for, and against any loss, damage, fees, expense, or other costs that AmeriTitle may incur by reason of issuing such Policies without requiring a probate of Decedent's estate.
8. BY SIGNING THIS AFFIDAVIT, WE DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING FACTS ARE TRUE, AND WE AGREE TO INDEMNIFY, DEFEND, AND HOLD AMERITITLE HARMLESS FROM, FOR, AND AGAINST ANY AND ALL CLAIMS, EXPENSES, COSTS, ATTORNEYS FEES, JUDGMENTS, DAMAGES, OR OTHER LOSSES INCURRED, WHETHER OR NOT SUIT OR ACTION IS FILED, AND INCLUDING BUT NOT LIMITED TO ALL COSTS OF ANY KIND OR NATURE, WHETHER NOW KNOWN OR UNKNOWN, ARISING DIRECTLY OR INDIRECTLY FROM THE INACCURACY OF ANY STATEMENT MADE INTENTIONALLY, NEGLIGENTLY OR INNOCENTLY IN THIS AFFIDAVIT. THIS AFFIDAVIT MAY BE SIGNED IN COUNTERPARTS. WE AGREE THAT OUR LIABILITY UNDER THIS INDEMNITY AGREEMENT IS JOINT AND SEVERAL.


IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Gerd S. Taylor
Gerd S. Taylor

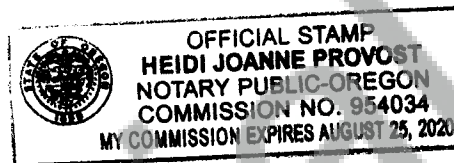
**AFFIDAVIT OF HEIRSHIP,
INHERITANCE AND OWNERSHIP**
(continued)

State of OREGON
County of JOSEPHINE

This instrument was acknowledged before me on 7-24-19 by Gerd S. Taylor.


Notary Public - State of Oregon

My Commission Expires: 8-25-20



Unofficial Copy

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

385106
I.D. TAG NO.

488-02
Local File Number

136-

State File Number

1. DECEDENT'S NAME First: Roger Middle: LeRoy Last: TAYLOR		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 11, 2002
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 65	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Garibaldi, OR
7. DATE OF BIRTH (Month, Day, Year) June 29, 1937		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 5550 Upper River Road		9c. CITY, TOWN, OR LOCATION OF DEATH Grants Pass	9d. COUNTY OF DEATH Josephine
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Dental Lab Technician		10b. KIND OF BUSINESS/INDUSTRY Self-Employed	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Gerd		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Josephine		13c. CITY, TOWN OR LOCATION Grants Pass	
13d. STREET AND NUMBER 5550 Upper River Road		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) or 5+ 2	
17. FATHER - NAME first middle last Lavear Fallon Taylor		18. MOTHER - NAME first middle maiden Sylvia Ella Staples	
19. INFORMANT - NAME and relationship to decedent Gerd Taylor - Wife		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hull & Hull Crematory		20c. LOCATION - City or Town, State Grants Pass, OR	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3569	
22. NAME, ADDRESS AND ZIP OF FACILITY Hull & Hull Funeral Directors 612 NW A St., Grants Pass, OR 97526		23. DATE FILED (Month, Day, Year) September 19, 2002	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. RESERVED FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED BY VERIFIED MEDICAL EXAMINER	
27. TIME OF DEATH 9:30 P M	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) 9/16/02		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Bruce VanZee, MD 555 Black Oak Drive Medford, OR 97504			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) Sudden death DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetes mellitus		Interval between onset and death immediate years Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Chronic Heart Failure, Diabetes		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
26. RESERVED FOR REGISTRAR'S USE			

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JOSEPHINE COUNTY REGISTRAR.

SEP 19 2002

DATE ISSUED:

[Signature]
LA VERLA J. YOUNG
COUNTY REGISTRAR
JOSEPHINE COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.