

2020-011510**Klamath County, Oregon**

09/10/2020 01:21:00 PM

Fee: \$97.00

Grantor
Preston L. Gorbett
Grantee
Klingman and Daughters, LLC
After recording return to
Klingman and Daughters, LLC 315 Park Drive Oregon City, OR 97045
Until requested, all tax statements shall be sent to
SAME AS ABOVE Tax Acct No(s): 2607-001D0-01500, 166386

Reserved for Recorder's Use

STATUTORY WARRANTY DEED

Preston L. Gorbett, Grantor(s) convey and warrant to Klingman and Daughters, LLC, an Oregon Limited Liability Company, Grantee(s), the real property described in the attached Exhibit A, free of encumbrances EXCEPT covenants, conditions, restrictions, easements, and encumbrances of record as of the date hereof.

The true consideration for this conveyance is **\$42,500.00**. (Here comply with requirements of 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.

Executed this 28 day of August, 2020

Preston L. Gorbett

Preston L. Gorbett

STATE OF OREGON

COUNTY OF CLACKAMAS

This instrument was acknowledged before me this 28 day of August, 2020 by Preston L. Gorbett.

Janet M. Johnson

Notary Public for Oregon

My Commission Expires: 7/9/2024

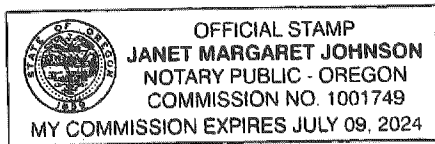


EXHIBIT "A"
LEGAL DESCRIPTION

Lot 33 in Block 1 of Tract 1122, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

898758

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2020-004816

STATE FILE NUMBER

Legal Name	First Debrah	Middle Ann	Last Gorbett	Suffix	Death Date February 19, 2020
Sex Female	Age 68 years	Social Security Number 543-64-3886	County of Death Clackamas		
Birthdate September 18, 1951	Birthplace Marlow, Oklahoma	Was Decedent Ever in U.S. Armed Forces? No			
Residence 15706 S Hwy 211	City/Town Molalla				
Residence County Clackamas	State or Foreign Country Oregon	Zip Code + 4 97038	Inside City Limits? No		
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Preston Larch Gorbett				
Father's Name Willie Earl Pruitt	Mother's Name Prior to First Marriage Sally Lou Thurmond				
Informant's Name Preston L Gorbett	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 15706 S Hwy. 211, Molalla, OR 97038		
Place of Death Decedent's Residence Hospice	Facility Name				
Location of Death 15706 S Hwy 211	City/Town or Location of Death Molalla	State Oregon	Zip Code + 4 97038		
Method of Disposition Cremation	Place of Disposition Cascade Cremation Center	Location (City/Town and State) Tualatin, Oregon			
Name and Complete Address of Funeral Facility Molalla Funeral Chapel 220 E Main St, Molalla, Oregon 97038					
Date of Disposition TBD	Funeral Director's Signature Robert W Baker	Electronically Signed	OR License Number CO-3023		
Registrar's Signature Jennifer A. Woodward	Date Received February 27, 2020	Local File Number			
Amendment					

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 1032
CAUSE OF DEATH IMMEDIATE CAUSE Multiple Myeloma			Approximate Interval: Onset to Death 4 years
a. Due to (or as a consequence of) ↓			
b. Due to (or as a consequence of) ↓			
c. Due to (or as a consequence of) ↓			
d. Due to (or as a consequence of) ↓			
Other significant conditions contributing to death CHF, COPD, diabetes, breast cancer			
Manner of Death Natural	If Female Not Applicable	Did tobacco use contribute to death? No	
Date of Injury	Time of Injury	Place of Injury	Injury at Work?
Location of Injury			
Describe how injury occurred		If transportation injury, specify	
Name and Address of Certifier Kathleen Mary Rose Thurman 110 Center Avenue, Molalla, Oregon 97038			
Name and Title of Attending Physician if Other than Certifier			Date Signed February 27, 2020
Medical Certifier Kathleen Mary Rose Thurman	Electronically Signed	Title of Certifier N.P.	License Number 200850128NP
Amendment			



20200303651

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

March 03, 2020

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

