

**2021-007092**

**Klamath County, Oregon**

05/06/2021 01:59:00 PM

Fee: \$97.00

**UNLESS A CHANGE IS REQUESTED,  
ALL TAX STATEMENTS SHALL BE  
SENT TO THE FOLLOWING ADDRESS:**

Greeneland Investments LLC  
1630 A 30th St Suite 306  
Boulder, CO 80301

**AFTER RECORDING, RETURN TO:**

Greeneland Investments LLC  
1630 A 30th St Suite 306  
Boulder, CO 80301

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## **Warranty Deed**

Georgia M Neal, a widowed woman ("**Grantor**") for and in consideration of Ten Dollars (\$10.00) grants, bargains, sells, conveys and warrants to the GRANTEE, **Greeneland Investments, LLC, a Colorado Limited Liability Company**, ("**Grantee**") with a tax mailing address of 1630 A 30th st suite 306, Boulder, Colorado 80301, the following described real estate situated in the County of Klamath County, State of Oregon:

Legal Description: Oregon Shores Tract Blk: 13 Lot: 35  
Property ID: R226008

SUBJECT TO: Current 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 the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

Executed this 5 day of May, 2021.

Georgia M Neal

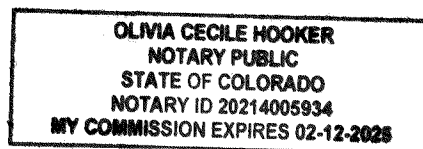
Signature: Georgia M. Neal  
Georgia M Neal  
6720 W 112th PL  
Broomfield, CO 80020

## Acknowledgment of Individual

STATE OF Colorado  
COUNTY OF Broomfield, ss:

The foregoing instrument was acknowledged before me this 5 May 2021 (date), by personally came Mrs Georgia M Neal, who is personally known to me or who has produced Driver license (type of identification) as identification. Grantors, in the foregoing Deed, and acknowledged the signing thereof to be their voluntary act and deed, for the uses and purposes therein mentioned.

Olivia Cecile Hooker  
Notary Public  
Printed Name: Olivia Cecile Hooker  
My Commission Expires: 02/12/2025  
Commission #: 20214005934



## MARITAL STATUS AFFIDAVIT

BEFORE ME, the undersigned authority, a Notary Public in and for said State and County, on this date personally appeared the undersigned (Affiant), personally known to me, who, after having been by me first duly sworn, upon oath, according to law, deposed and said:

My full name is: Georgia M. Neal

I was the owner of the following real property: R226008 in Klamath County, Oregon.

### Choose One:

- ☐ I am presently married to: \_\_\_\_\_ and have been continuously married since: \_\_\_\_\_.
- ☐ I am a single person and have never been married.
- ☒ I became a widow(er) on: 16 March 2020 and I have remained single continuously from that date to the present date.
- ☐ I became a single person on or about : \_\_\_\_\_, being the date of divorce from \_\_\_\_\_ . I have remained single continuously from that date to the present date.

Affiant confirms that the statements contained herein are true and correct.

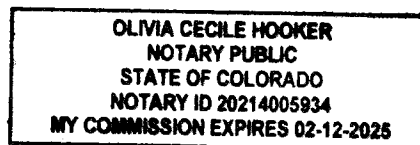
Executed this 5 day of May, 2021.

Georgia M. Neal  
Georgia M. Neal

STATE OF Colorado  
COUNTY OF Broomfield, ss:

The foregoing instrument was acknowledged before me this 5 May 2021 (date), by Georgia M. Neal, a widowed woman, who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification. Grantors, in the foregoing Deed, and acknowledged the signing thereof to be their voluntary act and deed, for the uses and purposes therein mentioned.

Olivia Cecile Hooker  
Notary Public  
Printed Name: Olivia Cecile Hooker  
My Commission Expires: 02/12/2025  
Commission #: 20214005934



# STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

STATE FILE NUMBER 1052020008773

DECEDENT'S LEGAL NAME EUGENE HOWARD NEAL				DATE OF DEATH MARCH 16, 2020			
SEX MALE	SOCIAL SECURITY NUMBER 505-26-7313	AGE-Last Birthday (Years) 94	UNDER 1 YEAR Months: Days: Hours: Minutes:	UNDER 1 DAY Hours: Minutes:	DATE OF BIRTH (Mo/Day/Yr) JUNE 14, 1925	BIRTHPLACE (State or Foreign Country) NEBRASKA	
IF DEATH OCCURRED IN HOSPITAL				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL NURSING HOME/LONG TERM CARE FACILITY			
Facility Name (If not institution, give street & number) ARBOR VIEW NURSING HOME				CITY, TOWN OR LOCATION OF DEATH ARVADA		COUNTY OF DEATH JEFFERSON	
RESIDENCE - STREET AND NUMBER 6720 W 112TH PLACE				APT. NO.	ZIP CODE 80020	INSIDE CITY LIMITS YES	
RESIDENCE STATE COLORADO		COUNTY BROOMFIELD		CITY OR TOWN BROOMFIELD			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) COMMERCIAL TRUCK DRIVER				KIND OF BUSINESS/INDUSTRY TRANSPORTATION		DECEDENT'S EDUCATION 9TH-12TH GRADE, BUT NO DIPLOMA	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES YES		MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) GEORGIA WARD			
FATHER'S NAME WILLIAM K NEAL				MOTHER'S NAME PRIOR TO FIRST MARRIAGE EMMA MAY GAREN			
INFORMANT'S NAME GEORGIA NEAL				INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE			
NAME OF FUNERAL HOME ASPEN MORTUARY				CITY AND STATE OF FUNERAL HOME LAKEWOOD COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION BURIAL - CEMETERY		PLACE OF DISPOSITION FORT LOGAN NATIONAL CEMETERY		LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO			
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY	
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 13:50 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) MARCH 16, 2020		TIME PRONOUNCED DEAD 15:02 MIL	
MANNER OF DEATH NATURAL		WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			
<b>CAUSE OF DEATH</b>							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death. a. HEART FAILURE b. _____ c. _____ d. _____				Approximate interval: Onset to death YEARS _____	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I DIABETES MELLITUS TYPE 2, CHRONIC KIDNEY DISEASE STAGE III, COPD, AORTIC ABDOMINAL ANEURYSM, VASCULAR DEMENTIA, HISTORY OF VENOUS THROMBOEMBOLISM							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN ROHINI KANNIGANTI MD 501 S CHERRY STREET 700 DENVER CO 80206				DATE SIGNED MARCH 19, 2020			
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER				DATE SIGNED			
DATE FILED BY REGISTRAR MARCH 19, 2020				<b>THIS DOCUMENT IS CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL</b>			



DATE ISSUED

MARCH 23, 2020

THIS IS A TRUE CERTIFICATION RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 01/19



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE