

2021-012166

Klamath County, Oregon



00285300202100121660030038

08/09/2021 03:15:36 PM

Fee: \$92.00

Returned at Counter

Recording requested by:

JoAnne Lagerqvist

When recorded mail to and mail tax
statements to: JoAnne Lagerqvist
317 McKinley St. Klamath Falls
Oregon 97601.

Space above this line for recorder's use

Oregon Bargain and Sale Deed

This **Bargain and Sale Deed** is made on August 6, 2021 between Joanne Lagerqvist with a mailing address of 317 McKinley St. Klamath Falls, OR 97601

Joanne Lagerqvist (hereinafter referred to as the "Grantor") and Joanne Lagerqvist and Chet * Lagerqvist with a mailing address of 317 McKinley St Klamath Falls, OR. 97601 (hereinafter referred to as the "Grantee").

*Not as tenants in common but with right of survivorship.
1. Transfer of Ownership. The Grantor grants and conveys (transfers ownership of) the property (hereinafter referred to as the "Property") described below to the Grantee. This transfer is made for the sum of \$ 0.

The Grantor acknowledges receipt of this money.

2. Tax Map Reference. X

3. Property. The Property consists of 1 home located at the following address:

317 McKinley St. Klamath Falls, Oregon 97601

The legal description of the Property is as follows:

Lot 8 and the Northeasterly 1/2 of Lot 7 in Block 24, First Addition to the city of Klamath Falls, according to the official plat thereof on file with the office of the County Clerk of Klamath County, Oregon.

4. Promises by Grantor. The Grantor promises that the Grantor has done no act to encumber the Property. This promise means that the Grantor has not allowed anyone else to obtain legal rights which affect the Property (such as by making a mortgage or allowing a judgment to be entered against the Grantor).

Scanne Lagerquist
Grantor's Name
[Signature]
Grantor's Signature
8/6/21
Date

Chet Lagerquist
Grantee's Name
Chet Lagerquist
Grantee's Signature
8/6/21
Date

Notary Acknowledgment

State of Oregon
County of Klamath

The foregoing was acknowledged before me this 6 day of August 2021, by the undersigned, _____, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Kristen Brandt
Printed Name of Notary Public
[Signature]
Signature of Notary Public



My commission expires: Dec. 17 2021

(seal)

STATE OF MONTANA
CERTIFICATION OF VITAL RECORD



LAKE COUNTY

CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 202024-011222

FULL NAME OF DECEASED: Keith John Lagerquist **SEX:** Male
DATE OF DEATH: December 16, 2020 **PLACE OF DEATH:** POLSON
RACE: White; Swedish
DATE OF BIRTH: February 09, 1953 **BIRTHPLACE:** Duluth, Minnesota
MOTHER'S NAME: Beatrice Tallman
FATHER'S NAME: Milton Allen Lagerquist
MARITAL STATUS: Married
SPOUSE: JoAnne Lagerquist
SOCIAL SECURITY NUMBER: 542-68-7345 **VETERAN OF ARMED FORCES:** No
RESIDENCE: Polson, Montana
FUNERAL FACILITY: The Lake Funeral Home & Crematory
PLACE OF DISPOSITION: The Lake Funeral Home & Crematory
Polson
METHOD OF DISPOSITION: Cremation
MANNER OF DEATH: Natural **DATE FILED:** December 21, 2020
CAUSE OF DEATH: **ONSET:**
a. Atherosclerotic Cardiovascular Disease 1 year
OTHER SIGNIFICANT CONDITIONS:
Not Recorded
NAME AND ADDRESS OF CERTIFIER:
Devon McCrea, 106 4th Ave E, Polson, Montana 59860

DATE ISSUED: December 21, 2020

BY:

[Signature]

1210321

This certifies that this document is a true duplication
of the original information on file with the Department
of Public Health and Human Services.

KATIE HARDING

Clerk and Recorder

