# **RECORDING COVER SHEET** (Please print or type)

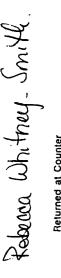
This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

# 2022-000788 Klamath County, Oregon



01/20/2022 10:33:01 AM  Fee: \$97.00

After recording return to: ORS 20	)5.234(1)(c)	Locoraing Office
Robert W Akers		
1. Title(s) of the transaction(s)		ORS 205.234(1)(a
Transfer on Death Deed		
2. Direct party(ies) / grantor(s)	Name(s)	ORS 205.234(1)(b
Robert W Akers		
3. Indirect party(ies) / grantee(s)	Name(s)	ORS 205.234(1)(b
Austin DeLucca		
4. True and actual consideration: ORS 205.234(1) Amount in dollars or other	5. Send tax state	ements to: ORS 205.234(1)(e
\$	Robert Akers	
Other: Transfer on Death	2025 Portland St	
	Klamath Falls, OR	97601
6. Satisfaction of lien, order, or warrant: ORS 205.234(1)(f)		f the monetary obligation imposed der, or warrant: ORS 205.234(1)(f)
FULL PARTIAL	\$	
8. Previously recorded document reference:	2021-18941	
9. If this instrument is being re-recorded co	nolete the following	<b>statement:</b> ORS 205.244(2
"Rerecorded at the request of Robert Akers	mprote and removing t	
to correct attach death certificate		
previously recorded in book 2021 and p	age 18941 , or as	fee number .



2021-018941 Klamath County, Oregon



12/22/2021 02:43:53 PM

Fee: \$87.00

# TRANSFER-ON-DEATH DEED

#### TAX STATEMENT

Until a change is requested, the county clerk will send tax statements to the following address: Robert Akers, 2025 Portland Street, Klamath Falls, Oregon 97601.

# **Owner Making This Deed:**

Robert W. Akers 2025 Portland Street Klamath Falls, Oregon 97601

#### LEGAL DESCRIPTION

Lot 6, Block 8, Tract No. 1083, CEDAR TRAILS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

#### **BENEFICIARY**

I designate the following beneficiary, if the beneficiary survives me, AUSTIN DeLUCCA, whose address is: 2052 Lavey Street, Klamath Falls, Oregon 97601.

# TRANSFER ON DEATH

At my death, I transfer my interest in the described property to the beneficiary designated above. Before my death, I have the right to revoke this deed.

# **RETURN OF DEED**

After recording, the county clerk shall return the deed to Robert W. Akers. .

### SIGNATURE OF OWNER MAKING THIS DEED

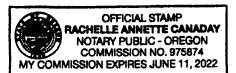
DATED this 14th day of December, 2021,

ROBERT W. AKERS

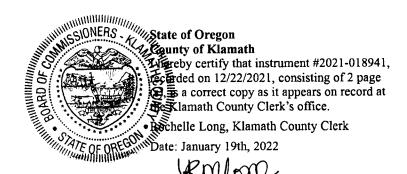
// Notary appears on the next page.

STATE OF OREGON	)
	) ss
County of Klamath	)

This instrument was acknowledged before me on the 14<sup>th</sup> day of December, 2021 by ROBERT W. AKERS.



Notary Public for Oregon
My Commission Expires:



Rochelle Long

861632

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

STATE FILE NUMBER

I.D. TAG NO.

bathar 2 A.	Arlene	Middle Ann	Akers		Suffix	Death Date	May 17, 20	19
<sub>Sex</sub> Female		<sup>Age</sup> 81 years	Social Security Number		County of Dea	ath		
Birthdate August 18, 193	37	Birthplace San Fi	rancisco, California		Was D U.S. A	Decedent Eve Armed Forces	er in 6? No	
Residence: 2025 Portland	Street			City/Town Klamath Fa	ills			
Residence County Klamath		State	e or Foreign Country Oregon	Zip Code + 4 97601	•	Inside City Yes	Limits?	1491
Marital Status at Time of Married	of Death	Spot	use's Name Prior to First Marriag	e Robert Walt	er Akers			
Father's Name Manuel Max W	inters	***		ther's Name Prior to I achel Gordon				
Informant's Name Robert Walter	uin dwillo	Not Availa	able Spouse		ss rtland Stree	t, Klama	ath Falls, O	R 97601
Place of Death Decedent's Res	sidence		Facility Name			1 1	<u> </u>	·
Location of Death 2025 Portland	Street		City/Town or Location of Klamath Falls	fDeath	State Oregon	Z	ip Code + 4 97601	
Method of Disposition Cremation			mation Service		Location (City/)	fown and Sta Falls, Ore	<sub>ite)</sub> egon	
Name and Complete Ad Affordable Crei		e	1229 E Main S	Street, Klamatl	n Falls. Oreo	on 9760	1	
Date of Disposition TBD		Funeral Director's	Signature Maximilian TBodzin	T.	Lectronically OR Li	cense Numb	er CO-3935	
Registrar's Signature	Tenn	ifer A. Woodw	T D	May 29, 2019		File Number		
Amendment								
				1			i in anti-	
Was case referred to M	ledical Examine	r? Autopsy	? Were autopsy findi	ngs aveilable to comp	lete the cause of d	eath?		14 AM
CAUSE OF DEATH		Yes	No	ngs aveilable for comp	lete the cause of d	eath?	10: Approximat Onset to	e Interval: Death
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CAUSE OF DEATH IMMEDIATE CAUSE Va.  Due to (or as a consequence. Due to (or as a consequence. Due to (or as a consequence. Other significant condit Manner of Death Natural Date of Injury  Location of Injury  Describe how injury oc  Name and Address of C James N Olson	Úndetermí e of) ↓ ce of) ↓ ions contributing If Time	Yes  ned natural can be a second or	able a of Injury		Did toba Unkr  If transportation inj  100, Clackar  Date Sig	ury, specify.	Approximat Onset to Unknowr  tribute to death?  Injury at W	e Interval: ) Death ) l



DATE ISSUED:

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.

June 05, 2019

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

\*20190604407\*

45-2CC (01/06)

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