

2022-009317

Klamath County, Oregon

07/29/2022 10:14:01 AM

Fee: \$97.00

WHEN RECORDED RETURN TO:

MAIL TAX STATEMENT TO:

Plant Your Flag Properties

3080 Veltkamp Rd

Bozeman, MT 59718

WARRANTY DEED

THE GRANTOR(S),

- Sandra Miller, 10145 SOUTHRIDGE DR , OKLAHOMA CITY, OK 73159,

for and in consideration of: \$7,500 and other good and valuable consideration grants,
bargains, sells, conveys and warranties to the GRANTEE(S):

- Plant Your Flag Properties with a mailing address of 3080 Veltkamp
Rd, Bozeman, MT 59718,
the following described real estate, situated in the County of KLAMATH, State of Oregon:

[properties_legal_description]

[mailing_apn]

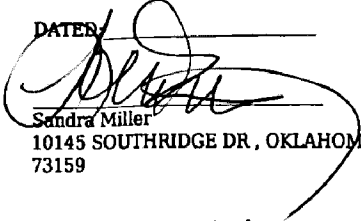
Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions,
restrictions, rights of way and easements of record the grantor hereby covenants with the
Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and
has good right to sell and convey the same; and that Grantor, his heirs, executors and
administrators shall warrant and defend the title unto the Grantee, his heirs and assigns
against all lawful claims whatsoever.

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. 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.

Grantor Signatures:

DATED: _____


Sandra Miller

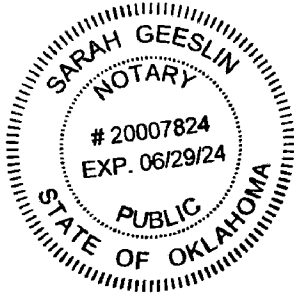
10145 SOUTHRIDGE DR., OKLAHOMA CITY, OK
73159

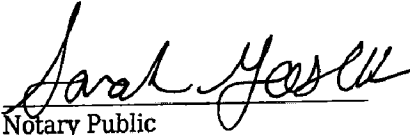
Grantor Signatures:

DATED: _____

STATE OF Oklahoma
COUNTY OF Oklahoma, ss:

This instrument was acknowledged before me on this 26th day of JULY,
2022 by Sandra Miller.





Notary Public
Signature of person taking
acknowledgment

Teller Supervisor
Title (and Rank)

My commission expires 6-29-24

APPENDIX A

APN	Legal Description
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351130	Township 36, Range 11, Block Section 10, Tract Parcel #5, Lot 6, as shown on the official records of the Count of Klamath, State of Oregon
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341482	BLK-70 LOT-87 of the 5TH ADDITION TO NIMROD RIVER PARK as shown on the map in official records of the County of Klamath, State of Oregon
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* 2 0 1 2 0 4 0 0 0 8 1 1 4 *

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012-008114

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) SHERRY A. GARRETT				1a. LAST NAME PRIOR TO FIRST MARRIAGE MILLER		2. SEX FEMALE					
3. SOCIAL SECURITY NUMBER 547-88-8551		4. EVER IN US ARMED FORCES? NO		5a. AGE - Last birthday (years) 59		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo/Day/Yr) AUGUST 11, 1952	
7. BIRTHPLACE (City and State or Foreign Country) MIDWEST CITY, OKLAHOMA				8a. RESIDENCE - State OKLAHOMA		8b. RESIDENCE - County CANADIAN		8c. RESIDENCE - City or Town PIEDMONT			
8d. RESIDENCE - Zip Code 73078		8e. RESIDENCE - Inside City Limits? YES		8f. RESIDENCE - Street and Number 954 LINCOLN AVE NW				8g. RESIDENCE - Apt. Number			
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)							
11. FATHER'S NAME (First, Middle, Last) SAMMY MELVIN MILLER				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) ALENE HALCOM							
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO				14. DECEDENT'S RACE WHITE				15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED			
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) COMPUTER PROGRAMMER										17. KIND OF BUSINESS / INDUSTRY OKLAHOMA TAX COMMISSION	
18a. INFORMANT'S NAME RICK DOYLE				18b. RELATIONSHIP TO DECEDENT SON		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 954 LINCOLN AVE NW, PIEDMONT, OKLAHOMA, 73078					
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)				20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MATTHEWS FUNERAL HOME CREMATORY				21. LOCATION - City, Town and State EDMOND, OKLAHOMA			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MATTHEWS FUNERAL AND CREMATION SERVICE - EDMOND, 601 S. KELLY, EDMOND, OKLAHOMA, 73003										23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH BARBARA S MATTHEWS	
24. FH ESTABLISHMENT LICENSE # 1530ES											

25. PLACE OF DEATH (Check only one: see instructions)															
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):									
26. FACILITY NAME (If not institution, give street & number) INTEGRIS HOSPICE HOUSE						27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH OKLAHOMA CITY, OKLAHOMA, 73134-1718				28. COUNTY OF DEATH OKLAHOMA					
29. DATE OF DEATH (Mo/Day/Yr) APRIL 6, 2012			30. TIME OF DEATH 03:48		31. WAS MEDICAL EXAMINER CONTACTED? YES		32. WAS AN AUTOPSY PERFORMED? NO		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?						
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>BLADDER CANCER</u> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. 1254578												Approximate interval: Onset to death UNKNOWN		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Non-natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined						37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year						38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			
39. DATE OF INJURY (Mo/Day/Yr)			40. TIME OF INJURY		41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)				42. DESCRIBE HOW INJURY OCCURRED:		43. INJURY AT WORK?				
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____ Street & Number: _____ Apartment Number: _____						45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)									
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Certifier: ERIC A PFEIFER, MD						47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) ERIC A PFEIFER, MD 901 NORTH STONEWALL OKLAHOMA CITY, OKLAHOMA 73117						48. LICENSE NUMBER 28422		49. DATE CERTIFIED (Mo/Day/Yr) APRIL 9, 2012	
50. REGISTRAR'S SIGNATURE <i>Kelly M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) APRIL 9, 2012									