

5
791-4008462
FIRST AMERICAN

2022-013476
Klamath County, Oregon
11/18/2022 11:50:02 AM
Fee: \$107.00

2022-013395
Klamath County, Oregon
11/16/2022 03:14:02 PM
Fee: \$102.00

AFTER RECORDING, RETURN TO:

Joel Colter
4025 Cherokee Dr.
Springfield OR 97478

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

Joel Colter
4025 Cherokee Dr.
Springfield OR 97478

AFFIANT'S BARGAIN AND SALE DEED

RONALD K. ROSE, as claiming successor for the ESTATE OF MARLYS I. WILLIAMS, deceased, the Affiant, and LORI RAE GHERTLER, LESTER EARL SEWALL, LYNNE KAE ROSE and LANE WILLIAM SEWALL, the heirs, hereinafter collectively Grantor, convey to JOEL COLTER, Grantee, the real property in Klamath County, Oregon, and more particularly described as:

LOT 3, BOOK 16, FIRST ADDITION TO RIVER PIPE ESTATES,
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE
OF THE COUNTY CLERK OF KLAMATH COUNTY AND STATE OF
OREGON.

The true and actual consideration for this transfer is \$85,000.

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,

"Rerecorded at the request of First American to correct legal description and to add Exhibit "A" previously recorded on November 16, 2022 #2022-013395, Office of the County Clerk of Klamath County and State of Oregon

Correct legal should read: Lot 3, Block 16, FIRST ADDITION TO RIVER PINE ESTATES, according to the Official Plat thereof on file in the Office of the County Clerk of Klamath County and State of Oregon.

AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED this 10th day of November, 2022.

SMALL ESTATE OF MARLYS I. WILLIAMS

HEIRS

By: Ronald K. Rose
Ronald K. Rose, Affiant

Lori Rae Ghertler
Lori Rae Ghertler, heir

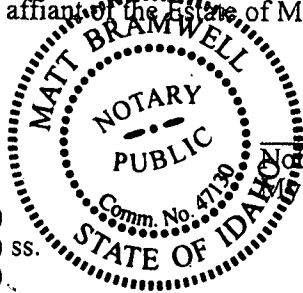
Lester Earl Sewall
Lester Earl Sewall, heir

Lynne Rae Rose
Lynne Rae Rose, heir

Lane Williams Sewall, heir

STATE OF IDAHO)
County of Ada) ss.

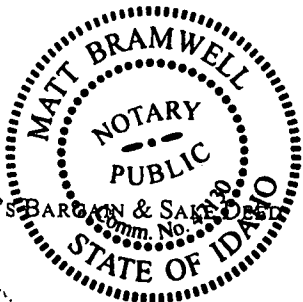
The foregoing instrument was acknowledged before me this 10th day of November, 2022, by **Ronald K. Rose**, the affiant of the Estate of Marlys I. Williams, and on behalf of the estate.



[Signature]
Notary Public for Oregon
Commission Expires: _____

STATE OF IDAHO)
County of Ada) ss.

The foregoing instrument was acknowledged before me this 10th day of November, 2022, by **Lori Rae Ghertler**.



[Signature]
Notary Public for Idaho
My Commission Expires: _____

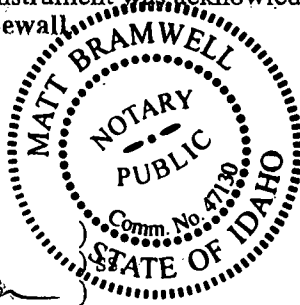
Residing In: **Star, ID**
Commission expires: **5/11/2024**

STATE OF IDAHO

County of Ada

ss.

The foregoing instrument was acknowledged before me this 10th day of November, 2022, by **Lester Earl Sewall**.



[Signature]
Notary Public for Idaho

My Commission Expires: _____

Residing In: **Star, ID**

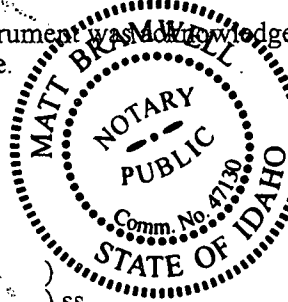
Commission expires: **5/11/2024**

STATE OF IDAHO

County of Ada

ss.

The foregoing instrument was acknowledged before me this 10th day of November, 2022, by **Lynne Kae Rose**.



[Signature]
Notary Public for Idaho

My Commission Expires: _____

STATE OF OREGON

County of _____

ss.

The foregoing instrument was acknowledged before me this _____ day of November, 2022, by **Lane William Sewall**.

Residing In: **Star, ID**

Commission expires: **5/11/2024**

Notary Public for Oregon

My Commission Expires: _____

AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED this _____ day of November, 2022.

SMALL ESTATE OF MARLYS I. WILLIAMS

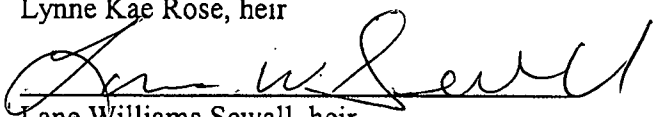
HEIRS

By: _____
Ronald K. Rose, Affiant

Lori Rae Gherlter, heir

Lester Earl Sewall, heir

Lynne Kae Rose, heir


Lane Williams Sewall, heir

STATE OF IDAHO)
County of _____) ss.

The foregoing instrument was acknowledged before me this _____ day of November, 2022, by **Ronald K. Rose**, the affiant of the Estate of Marlys I. Williams, and on behalf of the estate.

Notary Public for Oregon
My Commission Expires: _____

STATE OF IDAHO)
County of _____) ss.

The foregoing instrument was acknowledged before me this _____ day of November, 2022, by **Lori Rae Gherlter**.

Notary Public for Idaho
My Commission Expires: _____

STATE OF IDAHO)
) ss.
County of _____)

The foregoing instrument was acknowledged before me this _____ day of November, 2022, by **Lester Earl Sewall**.

Notary Public for Idaho
My Commission Expires: _____

STATE OF IDAHO)
) ss.
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 2022, by **Lynne Kae Rose**.

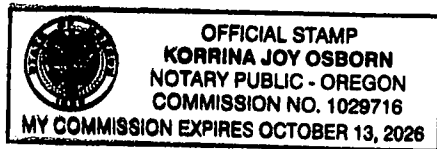
Notary Public for Idaho
My Commission Expires: _____

STATE OF OREGON)
) ss.
County of POLK _____)

The foregoing instrument was acknowledged before me this 9th day of November, 2022, by **Lane William Sewall**.

Korrina J. Osborn

Notary Public for Oregon
My Commission Expires: 10-13-26



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

138-

Local File Number B57327 I.D. TAG NO.		State File Number	
1. DECEASED'S NAME First: James Middle: Morris Last: WILLIAMS		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 22, 2005
4. SOCIAL SECURITY NUMBER 426-82-4907	5a. AGE-Last Birthday (Years) 62	5b. Under 1 Year Mon. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Shubuta, Ms.
7. DATE OF BIRTH (Month, Day, Year) December 19, 1942		8. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not an institution, give street and number.) 3100 Willow Springs Road		9b. CITY, TOWN, OR LOCATION OF DEATH Central Point	
9c. COUNTY OF DEATH Jackson		10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Security	
10b. KIND OF BUSINESS/INDUSTRY Aircraft Company		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed, Divorced, (Specify) Marlys
13a. RESIDENCE - STATE Oregon	13b. COUNTY Jackson	13c. CITY, TOWN OR LOCATION Central Point	13d. STREET AND NUMBER 3100 Willow Springs Road
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97502	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE (American Indian, Black, White, etc. (Specify) White
16. DECEASED'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+)		17. FATHER'S NAME First: Daniel Middle: Morris Last: Williams	
18. MOTHER'S NAME First: Alice Middle: Elizabeth Last: Satcher		19. INFORMANT'S NAME and relationship to deceased Marlys Williams- Wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Memorial Park & Crematory	
21a. DONORSHIP OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AUTHORIZED TO SIGN <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) CO 71	
22. DATE FILED (Month, Day, Year) JAN 28 2005		23. NAME, ADDRESS AND ZIP CODE OF FACILITY Conger-Morris Central Point Chapel 800 S. Front, Central Point, OR 97502	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. REGISTRAR'S NAME Melia Cohen	

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 3:20 P.M.	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner must be called of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. To the best of my knowledge, death occurred at the time, place, and due to the cause(s) stated. (Signature) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) 1/25/05	
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING MEDICAL EXAMINER (Type or Print) Alan P Mersch, D.O., 524 Manzanita, Central Point, OR 97502	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year)	
CITY	

39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest).

PART I	(a) <i>[Signature]</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(b) <i>[Signature]</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(c) <i>[Signature]</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

40. MANNER OF DEATH <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL-VITAL STATISTICS COPY

45-2 (08/03)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

JAN 31 2005

DATE ISSUED:

HENRY W. COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

THIS COPY NOT VALID WITHOUT IT BEING A STATE SEAL AND SIGNED