

After Recording Return to:

John C. Jones
1149 Annabelle Lane
Grants Pass, OR 97527

FORM No. F181 - BILL OF SALE (Individual Seller).

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BILL OF SALE

KNOW ALL BY THESE PRESENTS that John C. Jones

_____, hereinafter called the seller, in consideration of the sum of _____ Dollars (\$ 1.00)

paid to the seller, receipt whereof hereby is acknowledged, hereby grants, bargains, sells, transfers and delivers unto _____
John C. Jones, Trustee of Jones Family Trust, AKA Jones Living Trust

hereinafter called the buyer, the following described personal property ("the property"), now located in or at _____
27713 Rocky Point Road, Klamath Falls Oregon 97601, AKA Cabin A2 Recreation Creek
_____ in Klamath County, State of Oregon, to-wit:

That certain cabin Located on lot 2, Block A Recreation Creek Summer Homesites, Winema National Forest, Section 35, Township 35 South, Range 6 E W M, Klamath County Oregon as shown on the approved plat dated 1951 on file in the office of the Forest Supervisor, Klamath Falls, Oregon

TO HAVE AND TO HOLD the same unto the buyer and the buyer's heirs, executors, administrators, successors and assigns ("successors") forever.

The seller hereby covenants and agrees to and with the buyer and to and with the buyer's successors that the seller is the owner of the property, and that the same is free from all encumbrances except (if none, so state):

The seller has the right to sell the same, and the seller and the seller's heirs, executors, administrators and successors shall warrant and forever defend this sale against the lawful claims and demands of all persons whomsoever.

In construing this Bill of Sale, where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the seller has executed this document.

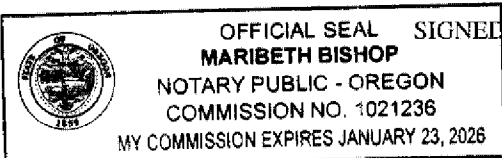
DATED Feb. 23, 2023

John C. Jones
Copy of death cert. attached for Lois L. Jones

STATE OF Oregon } ss.
County of Josephine }
I, John C. Jones

_____, being first duly sworn, depose and say that
I _____ the sole owner(s) of the property described in the foregoing bill of sale. Seller is the sole owner of the property. The property has been paid for in full. As of this date, the property, and each and every part thereof, is free and clear of all liens, encumbrances and security interests of any kind or nature, except (if none, so state): none

John C. Jones



SIGNED AND SWORN TO before me on 2/23/23 by John C. Jones

Maribeth Bishop
Notary Public for Oregon

My commission expires 01-23-2026

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

692310

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2014-032083

STATE FILE NUMBER

Legal Name		First	Middle	Last	Suffix	Death Date	
		Lois	LaDeane	Jones		December 07, 2014	
Sex	Age	Social Security Number			County of Death		
Female	74 years				Josephine		
Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?					
April 28, 1940	Griswold, Iowa	No					
Residence:				City/Town			
1149 Annabelle Lane				Grants Pass			
Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
Josephine		Oregon		97527		Yes	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		John Carl Jones					
Father's Name				Mother's Name Prior to First Marriage			
Howard Perry Limbaugh				Lela Augusta Orsler			
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
John C Jones		Not Available		Spouse		1149 Annabelle Lane, Grants Pass, OR 97527	
Place of Death				Facility Name			
Decedent's Residence - Hospice							
Location of Death				City/Town or Location of Death		State	
1149 Annabelle Lane				Grants Pass		Oregon	
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Burial		Hilcrest Memorial Park		Grants Pass, Oregon			
Name and Complete Address of Funeral Facility							
Hull & Hull Funeral Directors 612 NW A Street, Grants Pass, Oregon 97526							
Date of Disposition		Funeral Director's Signature				OR License Number	
TBD		Kendra J Johnson				FS-0331	
Registrar's Signature				Date Received		Local File Number	
/s/ Joanne M Jett				December 11, 2014		907-14	
Amendment: Mother's Name was Lela Augusta Orsler corr. by F. Dir. aff. 12/10/14 J. Jett, Co. Reg., Z#128150							

45-2CCS (01/06)



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.

DATE ISSUED:

December 15, 2021

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE