

**UNTIL A CHANGE IS  
REQUESTED, ALL TAX  
STATEMENTS SHALL  
BE MAILED TO:**

Geoffrey A. Haffner  
Personal Representative  
4627 SE 49th Ave.  
Portland, OR 97206

**2024-003377**

**Klamath County, Oregon**

**05/02/2024 08:07:02 AM**

**Fee: \$97.00**

**AFTER RECORDING,  
PLEASE RETURN TO:**

Kueny Law LLC  
3040 Commercial St. SE  
Suite 135  
Salem, Oregon 97302

### **PERSONAL REPRESENTATIVE'S DEED**

GEOFFREY A. HAFFNER, the duly appointed, qualified and acting Personal Representative of the estate of ROXIE ANN HAFFNER, deceased, pursuant to probate proceedings filed in the Circuit Court of the State Oregon for the County of Marion, Case No. 23PB03964, Grantor, conveys to GEOFFREY A. HAFFNER and RENEE D. HAFFNER, as tenants in common, Grantees, the following described real property in the County of Klamath, State of Oregon, free of encumbrances, except as specifically set forth herein:

**S415 Ft. of the W1050 Ft. of**

**Lot(s) 11, Block 17**

**Klamath Falls Forest Sycan Unity**

Commonly known as Lot 11D, Block 17, Sycan Unit  
Account # 17625

The true and actual consideration paid for this transfer is \$0.00. The purpose of this transfer is to convey interest in the real property to the beneficiaries of the ESTATE OF ROXIE ANN HAFFNER. ROXIE ANN HAFFNER was the sole owner of the above-mentioned property at the time of her death through right of survivorship. Her spouse, WILLIAM DALE HAFFNER's death certificate is attached hereto.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

Notary Public for Oregon

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

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

703247

ID TAG NO

STATE FILE NUMBER

1. Legal Name First: William Middle: Dale Last: Haffner Suffix:		2. Death Date October 24, 2022	
3. Sex Male	4. Age 77 years	5. Social Security Number	6. County of Death Marion
7. Birthdate July 19, 1945	8. Birthplace Salem, Oregon		9. Decedent's Education Bachelor's degree
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 808 Park Place		14. City/Town Monmouth	
15. Residence County Polk	16. State or Foreign Country Oregon	17. Zip Code + 4 97361	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Roxie Ann Mathews	
21. Usual Occupation Technical Writer		22. Kind of Business/Industry Technology	
23. Father's Name Herman Haffner		24. Mother's Name Prior to First Marriage Alma Nusz	
25. Informant's Name Geoffrey Haffner	26. Telephone Number Not Available	27. Relationship to Decedent Son	28. Mailing Address 4627 SE 49th Avenue, Portland, OR 97226
29. Place of Death Hospital-Inpatient		30. Facility Name Salem Hospital	
31. Location of Death 890 Oak Street SE		32. City/Town or Location of Death Salem	33. State Oregon
34. Zip Code + 4 97301		35. Method of Disposition Cremation	
36. Place of Disposition Farnstrom Cremation Center		37. Location Kelzer, Oregon	
38. Name and Complete Address of Funeral Facility Farnstrom Mortuary 410 Monmouth St, Independence, Oregon 97351			
39. Date of Disposition November 07, 2022		40. Funeral Director's Signature Andrew A Phillips	41. OR License Number FS-0561
42. Registrar's Signature <i>[Signature]</i>		43. Date Received NOV 16 2022	44. Local File Number 223194
45. Amendment			

\*7615424\*

TO BE COMPLETED BY FUNERAL FACILITY

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.

NOV 16 2022

DATE ISSUED:

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

JENNIFER A. WOODWARD, Ph.D.

STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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