



After recording return to:
Mike David Nelson and Alma Michel-
Nelson
24 Lindero Avenue
Long Beach, CA 90805

Until a change is requested all tax
statements shall be sent to the
following address:
Mike David Nelson and Alma Michel-
Nelson
24 Lindero Avenue
Long Beach, CA 90805

File No.: 7161-4156298 (lb)
Date: April 15, 2024

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Gerald J. Nordahl, Grantor, conveys and warrants to **Mike David Nelson and Alma Michel-Nelson as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Klamath, State of Oregon, described as follows:

The Southerly 100 feet of the West 1.25 feet of Lot 1, all of Lot 2 in Block 3, ORIGINAL TOWN OF LINKVILLE, now the City of Klamath Falls, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County Oregon.

Subject to:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.
2. The **2024-2025** Taxes, a lien not yet payable.

The true consideration for this conveyance is **\$350,000.00**. (Here comply with requirements of ORS 93.030)

APN: **R475266**

Statutory Warranty Deed
- continued

File No.: **7161-4156298 (lb)**

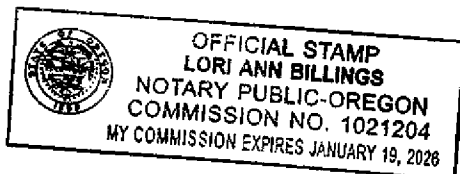
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 10 day of July, 2024.

Gerald J. Nordahl
Gerald J. Nordahl

STATE OF Oregon)
)ss.
County of)

This instrument was acknowledged before me on this 10 day of July, 2024
by **Gerald J. Nordahl**.



[Signature]
Notary Public for Oregon
My commission expires: 1/19/2026

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1044361
I.D. TAG NO.

136-2023-001009
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Beverly	Middle Sue	Last Nordahl	Suffix	Death Date January 10, 2023
	Sex Female		Age 66 years		Social Security Number		County of Death Multnomah
	Birthdate September 16, 1956		Birthplace Denver, Colorado		Was Decedent Ever in U.S. Armed Forces? No		
	Residence: 213 Cedar Street #1				City/Town Klamath Falls		
	Residence County Klamath		State or Foreign Country Oregon		Zip Code + 4 97601		Inside City Limits? Yes
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Gerald James Nordahl				
	Father's Name James Harold Forshee				Mother's Name Prior to First Marriage Helen Leona Hamilton		
	Informant's Name Adam Benjamin Nordahl		Telephone Number Not Available		Relationship to Decedent Son		Mailing Address 213 Cedar Street #1, Klamath Falls, OR 97601
	Place of Death Hospital-Inpatient		Facility Name Providence Portland Medical Center				
	Location of Death 4805 NE Glisan Street		City/Town or Location of Death Portland		State Oregon		Zip Code + 4 97213
	Method of Disposition Cremation		Place of Disposition Cascade Cremation Center		Location (City/Town and State) Tualatin, Oregon		
	Name and Complete Address of Funeral Facility Solace Cremation Inc 1927 NW Kearney Street E, Portland, Oregon 97209						
	Date of Disposition TBD		Funeral Director's Signature Rachael Renee Dupret		Electronically Signed		OR License Number FS-0706
	Registrar's Signature Jennifer A. Woodward		Date Received January 18, 2023		Local File Number		
	Amendment						
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death 1455
	No		No				Approximate Interval: Onset to Death
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. Septic shock with multisystem organ failure						Hours
	Due to (or as a consequence of) ↓ b.						
	Due to (or as a consequence of) ↓ c.						
	Due to (or as a consequence of) ↓ d.						
	Other significant conditions contributing to death on CKD3, requiring dialysis, a fib with RVR and bradycardia, HFpEF, OSA/OHS						
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? Yes		
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?
	Location of Injury						
	Describe how injury occurred						If transportation injury, specify.
	Name and Address of Certifier Katherine Rathbun 4805 NE Glisan Street BG12, Portland, Oregon 97213						
	Name and Title of Attending Physician If Other than Certifier						Date Signed January 18, 2023
	Medical Certifier Katherine Rathbun		Electronically Signed		Title of Certifier N.P.		License Number 202002814NP-PP
	Amendment						



45-2CC (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.

January 20, 2023

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTACT O STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

