



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)



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1044361  
I.D. TAG NO.

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

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	Local File Number
	Registrar's Signature Jennifer A. Woodward			Date Received January 18, 2023		Local File Number

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 1455
	CAUSE OF DEATH				Approximate Interval: Onset to 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 Complicated UTI, acute on chronic hypercarbic and hypoxic respiratory failure, AKI r 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



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  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

