

RECORDING COVER SHEET PER ORS 205.234

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON
PRESENTING THE ATTACHED INSTRUMENT FOR RECORDING.
ANY ERRORS IN THIS COVER SHEET DOES NOT AFFECT THE
TRANSACTION(S) CONTAINED IN THE INSTRUMENT ITSELF.

2024-006493

Klamath County, Oregon

07/25/2024 09:16:02 AM

Fee: \$97.00

FILE NO: 4161498 SA

RECORDING REQUESTED BY AND RETURN TO:

**First American Title
1225 Crater Lake Ave
Medford OR 97504**

1. Title of Document: (ORS 205.234a)

Statutory Warranty Deed

2. Grantor(s): (ORS 205.160)

Tamara L. McKinnon

3. Grantee(s): (ORS 205.1251a and 205.160)

Katherin Kirkpatrick

4. TRUE AND ACTUAL TRANSACTION AMOUNT: (ORS 93.030) (If applicable):

\$138,500.00

5. SEND TAX STATEMENTS TO:

Same as of record

6. If this instrument is being Re-Recorded, complete the following statement: (ORS 205.244)

Re-recorded to: Add Death Certificate on instrument previously recorded as Document No 2024-4260.

2024-004260

Klamath County, Oregon

05/29/2024 11:42:02 AM

Fee: \$87.00



After recording return to:
Katherin Kirkpatrick
1319 SE 53rd Avenue
Portland, OR 97215

Until a change is requested all tax
statements shall be sent to the
following address:
Katherin Kirkpatrick
1319 SE 53rd Avenue
Portland, OR 97215

File No.: 7161-4161498 (SA)
Date: April 30, 2024

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Tamara L. McKinnon, Grantor, conveys and warrants to **Katherin Kirkpatrick**, 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:

LOTS 1 AND 2, BLOCK 13 OF NORTH KLAMATH FALLS ADDITION TO THE CITY OF KLAMATH FALLS, 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.

The true consideration for this conveyance is **\$138,500.00**. (Here comply with requirements of ORS 93.030)

APN: **R184687**

Statutory Warranty Deed
- continued

File No.: **7161-4161498 (SA)**

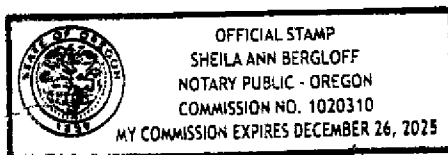
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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 28 day of May, 2024.

Tamara L. McKinnon
Tamara L. McKinnon

STATE OF Oregon)
County of Klamath)ss.

This instrument was acknowledged before me on this 28th day of May, 2024
by **Tamara L. McKinnon**.



Sheila Ann Bergloff
Notary Public for Oregon
My commission expires: December 26, 2025

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

1008408

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2022-023916

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Michael	Middle John	Last McKinnon	Suffix	Death Date July 21, 2022	
	Sex Male	Age 61 years	Social Security Number		County of Death Jackson			
	Birthdate May 04, 1961	Birthplace Klamath Falls, Oregon				Was Decedent Ever In U.S. Armed Forces? No		
	Residence: 2224 Siskiyou Street				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 Tamara Lynn Ferreira					
	Father's Name William John McKinnon				Mother's Name Prior to First Marriage Minnie Elizabeth Lowe			
	Informant's Name Tammy L. McKinnon		Telephone Number Not Available	Relationship to Decedent Spouse		Mailing Address 2224 Siskiyou Street, Klamath Falls, OR 97601		
	Place of Death Hospital-Inpatient				Facility Name Asante Rogue Regional Medical Center			
	Location of Death 2825 E Barnett Road				City/Town or Location of Death Medford		State Oregon	Zip Code + 4 97504
TO BE COMPLETED BY MEDICAL CERTIFIER	Method of Disposition Cremation		Place of Disposition Conger-Morris Crematory			Location (City/Town and State) Central Point, Oregon		
	Name and Complete Address of Funeral Facility Conger-Morris Funeral Directors 767 S Riverside Avenue, Medford, Oregon 97501							
	Date of Disposition TBD	Funeral Director's Signature Robert M Neff			Electronically Signed	OR License Number CO-3283		
	Registrar's Signature Jennifer A. Woodward			Date Received July 28, 2022		Local File Number		
	Amendment							
	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 06:48 PM	
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ Sepsis from Candida dubuliniensis and albicans peritonitis						Approximate Interval: Onset to Death ten days	
	a. Due to (or as a consequence of) ↓ cystectomy and ureteroileal urinary diversion						one month	
	b. Due to (or as a consequence of) ↓ symptomatic radiation cystitis						six months	
	c. Due to (or as a consequence of) ↓ prostate cancer						two years	
Other significant conditions contributing to death Symptomatic anemia, cirrhosis, alcoholism in remission, overweight status								
Manner of Death Natural		If Female Not Applicable			Did tobacco use contribute to death? Probably			
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 Dani J Thomas 2825 E Barnett Road, Medford, Oregon 97504								
Name and Title of Attending Physician if Other than Certifier						Date Signed July 22, 2022		
Medical Certifier Dani J Thomas			Electronically Signed		Title of Certifier D.O.	License Number DO161762		
Amendment								



20220734743

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.

July 29, 2022

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

