



After recording return to:
Thomas A. Taylor and Cynthia R.
Crown-Taylor
PO Box 24
Memillor, OR 97633

Until a change is requested all tax
statements shall be sent to:
Thomas A. Taylor and Cynthia R.
Crown-Taylor
PO Box 24
Memillor, OR 97633

File No.: 7161-4182207 (RT)
Date: July 29, 2024

THIS SPACE RESERVED FOR RECORDER'S USE

PERSONAL REPRESENTATIVE'S DEED

Joan Marie Hawkins the duly appointed, qualified and acting personal representative of the estate of Joan M. Taylor , deceased, conveys to Thomas A. Taylor and Cynthia R. Crown-Taylor, as tenants by the entirety and Angela R. Taylor and Ashleigh C. Taylor, not all as tenants in common but with rights of survivorship that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

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

Lot 17 of LOST RIVER COURT ADDITION TO MERRILL, OREGON, according to the duly recorded plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$180,000.00.

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

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1076168
I.D. TAG NO.

136-2024-007519
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name Joan Marie Taylor	First Marie	Middle Marie	Last Taylor	Suffix	Death Date March 10, 2024
	Sex Female	Age 90 years	Social Security Number	County of Death Klamath		
	Birthdate July 15, 1933	Birthplace Klamath Falls, Oregon			Was Decedent Ever in U.S. Armed Forces? No	
	Residence: 123 W Court Drive			City/Town Merrill		
	Residence County Klamath		State or Foreign Country Oregon		Zip Code + 4 97633	Inside City Limits? Yes
	Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage Fredrick Raymond Taylor			
	Father's Name Michael Noonan			Mother's Name Prior to First Marriage Katherine Mary Meade		
	Informant's Name Joan Hawkins		Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address PO Box 819, Merrill, OR 97633	
	Place of Death Decedent's Residence - Hospice			Facility Name		
	Location of Death 123 W Court Drive		City/Town or Location of Death Merrill		State Oregon	Zip Code + 4 97633
	Method of Disposition Burial		Place of Disposition Mt. Calvary Catholic Cemetery Association Inc		Location (City/Town and State) Klamath Falls, Oregon	
	Name and Complete Address of Funeral Facility O'Hair - Wards Funeral Chapel 515 Pine Street, Klamath Falls, Oregon 97601					
	Date of Disposition TBD		Funeral Director's Signature Gregory S Dunton		Electronically Signed	OR License Number CO-3607
	Registrar's Signature Jennifer A. Woodward			Date Received March 13, 2024	Local File Number	
	Amendment					

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 10:20 AM
	CAUSE OF DEATH				Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. Malignancy of Brain (unidentified primary, no biopsy)				Years
	b. Due to (or as a consequence of) ↓				
	c. Due to (or as a consequence of) ↓				
	d. Due to (or as a consequence of) ↓				
	Other significant conditions contributing to death: Hypertension, Atrial Fibrillation, Aortic Stenosis, Heart Failure with Preserved Ejection Fraction, Coronary Artery Disease, Diverticular Disease, Gout, Osteoporosis				
	Manner of Death Natural		if Female Not Applicable		Did tobacco use contribute to death? Unknown
	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 Matthew S Edmonds 2894 Greensprings Drive, Klamath Falls, Oregon 97601				
	Name and Title of Attending Physician if Other than Certifier				Date Signed March 13, 2024
	Medical Certifier Matthew S Edmonds		Electronically Signed	Title of Certifier M.D.	License Number MD154210
	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.

March 14, 2024

DATE ISSUED:

Jennifer A. Woodward
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

