



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

APN: **122511**

Personal Representative's Deed  
- continued

File No.: **7161-4182207 (RT)**

Date: **July 29, 2024**

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 30 day of July, 2024.

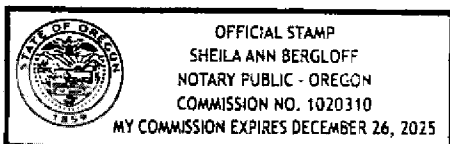
Joan M. Taylor

By:

Joan Marie Hawkins  
Joan Marie Hawkins as Personal Representative

STATE OF Oregon )  
 )ss.  
County of Klamath )

This instrument was acknowledged before me on this 30<sup>th</sup> day July,  
2024 by Joan Marie Hawkins, as personal representative of the estate of Joan M. Taylor



Sheila Bergloff  
Notary Public for Oregon  
My Commission Expires: December 26, 2025

# 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		First Marie	Middle 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								



\*20240320161\*

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:

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

Jennifer A. Woodward  
JENNIFER A. WOODWARD, PH.D.  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

