



2024-006391
Klamath County, Oregon
07/22/2024 03:14:02 PM
Fee: \$87.00

THIS SPACE RESERVED FOR RECORD

2024-007992
Klamath County, Oregon
09/12/2024 12:56:02 PM
Fee: \$92.00

After recording return to:

Gary A. Preston and Michelle Butina
9312 St. Andrews Cir
Klamath Falls, OR 97603

Until a change is requested all tax statements shall be sent to the following address:

Gary A. Preston and Michelle Butina
9312 St. Andrews Cir
Klamath Falls, OR 97603

File No. 637720AM

STATUTORY WARRANTY DEED

Re-recorded at the request of AmeriTitle to attach death certificate as previously recorded instrument number 2024-006391.

Curtis L. Baker,

Grantor(s), hereby convey and warrant to

Gary A. Preston and Michelle Butina, as Tenants by the Entirety,

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except as specifically set forth herein:

Unit B of Building No. 4, STAGE II PLAT OF TRACT 1271 - SHIELD CREST CONDOMINIUMS, according to the official plat thereof as amended on file in the office of the County Clerk of Klamath County, Oregon.

Together with that interest in common areas as disclosed by Declaration of Shield Crest Condominiums recorded January 25, 1991 in Volume M91, page 1591, April 23, 1991 in Volume M91, page 7438 and Supplemented by Supplemental Declaration, recorded November 30, 1994 in Volume M94, page 36420.

Also together with an undivided interest in all those private roads shown on the plat and more particularly described in Declaration recorded in Volume M84, page 4256, and in Easement recorded May 23, 1990, in Volume M90, page 9828, Microfilm Records of Klamath County, Oregon.

The true and actual consideration for this conveyance is \$410,000.00.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

Real property taxes due, if any, but not yet payable

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 18 day of July, 2024.

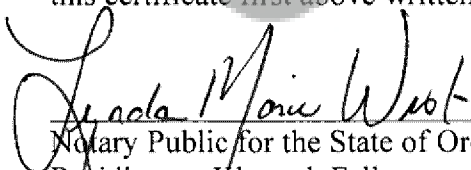


Curtis L. Baker

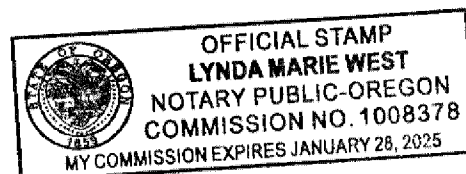
State of Oregon } ss
County of Klamath }

On this 18 day of July, 2024, before me, Lynda Marie West a Notary Public in and for said state, personally appeared Curtis L. Baker, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Notary Public for the State of Oregon
Residing at: Klamath Falls
Commission Expires: 1-28-25



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

1031906

ID TAG NO

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First Duffie Middle Irene Last Kenyon		2. Death Date Found November 20, 2022	
3. Sex Female	4. Age 96 years	5. Social Security Number [REDACTED]	6. County of Death Klamath
7. Birthdate February 11, 1926	8. Birthplace Three Sands, Oklahoma	9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence, Number and Street 9306 St. Andrew's Circle		14. City/Town Klamath Falls	
15. Residence County Klamath	16. State or Foreign Country Oregon	17. Zip Code + 4 97603	18. Inside City Limits? Yes
19. Marital Status at Time of Death Widowed		20. Spouse's Name Prior to First Marriage Lowell Charles Kenyon	
21. Usual Occupation Business Owner		22. Kind of Business/Industry Produce	
23. Father's Name Lee Arleigh Orr		24. Mother's Name Prior to First Marriage Mabel Pearl Wager	
25. Informant's Name Curtis Lee Baker	26. Telephone Number Not Available	27. Relationship to Decedent Son	28. Mailing Address 1519 Avenida Oceano, Oceanside, CA 92056
29. Place of Death Decedent's Residence		30. Facility Name	
31. Location of Death 9306 St. Andrew's Circle		32. City/Town or Location of Death Klamath Falls	33. State Oregon
34. Zip Code + 4 97603		35. Method of Disposition Cremation	
36. Place of Disposition Funeral Alternatives Crematory		37. Location Medford, Oregon	
38. Name and Complete Address of Funeral Facility Rogue Valley Funeral Alternatives 550 Business Park Drive, Medford, Oregon 97504			
39. Date of Disposition TBD		40. Funeral Director's Signature Rachel A Patstone	41. OR License Number CO-3943
42. Registrar's Signature Duke Underwood		43. Date Received 12/14/2022	44. Local File Number 22-130
45. Amendment			

7625422

46. Was case referred to Medical Examiner? [REDACTED]		47. Autopsy? [REDACTED]	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49. Time of Death [REDACTED]
CAUSE OF DEATH				
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE →		
a. [REDACTED]		Due to (or as a consequence of) ↓		
b. [REDACTED]		Due to (or as a consequence of) ↓		
c. [REDACTED]		Due to (or as a consequence of) ↓		
d. [REDACTED]		Due to (or as a consequence of) ↓		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: [REDACTED]				
52. Manner of Death [REDACTED]		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? [REDACTED]
55. Date of Injury (month/year) [REDACTED]	56. Time of Injury [REDACTED]	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
60. Describe how injury occurred			61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) [REDACTED]				
63. Name and Title of Attending Physician if Other than Certifier [REDACTED]				
64. Title of Certifier [REDACTED]		65. License Number [REDACTED]	66. Date Signed (month/year) [REDACTED]	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [REDACTED]			68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [REDACTED]	
69. Amendment				

45-2DP (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.

DATE ISSUED:

DEC 14 2022

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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

