



After recording return to:
Sean Kenneth Maxwell and Lindsey
Loeka Maxwell
11439 Burlwood Dr
La Pine, OR 97739

Until a change is requested all tax
statements shall be sent to the
following address:
Sean Kenneth Maxwell and Lindsey
Loeka Maxwell
11439 Burlwood Dr
La Pine, OR 97739

File No.: 7061-4199583 (JS)
Date: September 03, 2024

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Karren A. Lisenby, Trustee of the Lisenby Family Trust dated June 14, 2012, or their successor(s) in trust, Grantor, conveys and warrants to **Sean Kenneth Maxwell and Lindsey Loeka Maxwell 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:

Lots 47 and 48, Block 1 of TRACT 1060, SUN FOREST ESTATES, 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 **\$300,000.00**. (Here comply with requirements of ORS 93.030)

APN: 138924

Statutory Warranty Deed
- continued

File No.: 7061-4199583 (JS)

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.

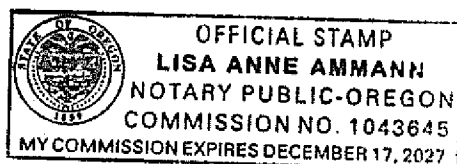
Dated this 19 day of September, 2024.

Lisenby Family Trust dated June 14, 2012,
or their successor(s) in trust

Karren A. Lisenby
Karren A. Lisenby, Trustee

STATE OF Oregon)
County of Benton)ss.

This instrument was acknowledged before me on this 19th day of September, 2024 by Karren A. Lisenby as Trustee of Lisenby Family Trust dated June 14, 2012, or their successor(s) in trust, on behalf of the trust.



Lisa Anne Ammann

Notary Public for Oregon
My commission expires: 12-17-27
Page 2 of 2

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

967372

ID TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2022-001989

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date		
			John	Wayne	Lisenby		January 24, 2022		
	Sex		Age		Social Security Number		County of Death		
	Male		80 years				Benton		
	Birth date		Birthplace				Was Decedent Ever in U.S. Armed Forces?		
	July 21, 1941		Darlove, Mississippi				Yes		
	Residence				City/Town				
	39505 Luckiamute Road				Philomath				
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?		
	Benton		Oregon		97370		No		
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage						
	Married		Karren Anne Connor						
	Father's Name				Mother's Name Prior to First Marriage				
	Herbert Nathaniel Lisenby				Beatrice Eugenia Isaac				
	Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address		
Karren Anne Lisenby		Not Available		Spouse		39505 Luckiamute Road, Philomath, OR 97370			
Place of Death				Facility Name					
Other - Auto Accident									
Location of Death				City/Town or Location of Death		State			
53rd Street/ Reservoir Road				Corvallis		Oregon			
Method of Disposition				Place of Disposition		Location (City/Town and State)			
Cremation				Linn-Benton Crematory		Corvallis, Oregon			
Name and Complete Address of Funeral Facility									
McHenry Funeral Home, Inc. 206 NW 5th St, Corvallis, Oregon 97330									
Date of Disposition		Funeral Director's Signature		Electronically Signed		OR License Number			
TBD		Drew D Lundgreen				CO-3616			
Registrar's Signature		Date Received		Local File Number					
Jennifer A. Woodward		January 27, 2022							
Amendment									
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death		
	Yes		No				07:41 AM		
	CAUSE OF DEATH							Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ Traumatic injuries from auto accident							minutes	
	a. Due to (or as a consequence of) ↓								
	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								
	Parkinson's disease								
	Manner of Death		If Female		Did tobacco use contribute to death?				
	Accident		Not Applicable		No				
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?		
	January 24, 2022		0740		Street/Highway		No		
	Location of Injury								
53rd Street/Reservoir Road, Corvallis, Oregon 97333									
Describe how injury occurred					If transportation injury, specify.				
Driver of auto who plowed into a large truck, no passengers					Driver/Operator				
Name and Address of Certifier									
Steven Richard Fletcher 3600 NW Samaritan Drive, Corvallis, Oregon 97330									
Name and Title of Attending Physician If Other than Certifier						Date Signed			
						January 27, 2022			
Medical Certifier		Electronically Signed		Title of Certifier		License Number			
Steven Richard Fletcher				M.D., M.E.		MD12767			
Amendment									



20220132678

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.

DATE ISSUED:

January 28, 2022

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

