THIS SPACE RESERVED FOR RECORDER'S USE

Derrald Lee Wise

2805 Altamont Dr

Klamath Falls, OR 97603

Grantor's Name and Address

Derrald Lee Wise and Timothy Lyle Wise

2805 Altamont Dr

Klamath Falls, OR 97603

Grantee's Name and Address

After recording return to:
Derrald Lee Wise and Timothy Lyle Wise

2805 Altamont Dr

Klamath Falls, OR 97603

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

Derrald Lee Wise and Timothy Lyle Wise

2805 Altamont Dr Klamath Falls, OR 97603 2024-008774 Klamath County, Oregon



10/08/2024 01:29:52 PM

Fee: \$97.00

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That Derrald Lee Wise,

hereinafter called Grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Derrald Lee Wise and Timothy Lyle Wise, Not as Tenants in Common but with Rights of Survivorship,

hereinafter called Grantee, and unto Grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of **Klamath**, State of Oregon, described as follows, to wit:

Lots 5 and 16 of Block 3, ALTAMONT ACRES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

APN: 3909-003DC-05900 APN: 3909-003DC-03900

The true and actual consideration paid for this transfer, stated in terms of dollars, is to convey title and clean up title for prior QC Deed recorded as M99 and Page 21124 and Warranty Deed recorded as M05 and Page 15894.

However, the actual consideration consists of or includes other property or value given or promised which is the whole / part of the consideration.

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

Returned at Counter

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.

8 day of Softber In Witness Whereof, the grantor has executed this instrument this corporate grantor, it has caused its name to be signed and its seal if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

State of Oregon} ss County of Klamath}

On this \(\sum \) day of October, 2024, before me, Kathleen A. Maynard a Notary Public in and for said state, personally appeared Derrald Lee Wise, 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 County

Commission Expires: March 31,2026

OFFICIAL STAMP KATHLEEN A. MAYNARD NOTARY PUBLIC - OREGON COMMISSION NO. 1023161 MY COMMISSION EXPIRES MARCH 31, 2026

STATE OF OREGON

CERTIFICATION OF VITAL RECORD



1004728 I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2022-017587

STATE FILE NUMBER

	Legat Name First	Middle	Last	41	Suffix	Death Date		
	Linda	Ellen	Wright	The spillar		May 26	2022	
	<u> </u>	<u> </u>	lo cro	<u> </u>	10 0 0	May 26,	, 2022	
FUNERAL FACILITY	Sex	Age	Social Security Number		County of [
	Female	78 years			Klamath	Decedent Ever in U.S.		
	Birthplace Birthplace				Armed Forces? No			
	July 16, 1943 Portland, Oregon			100				
	Residence				City/Town			
	2805 Altamont Drive			ith Falls	T. 32 03 13-4-0	<u> </u>		
	Residence County	,	State or Foreign Country	Zip Code		Inside City Limits?		
	Klamath	,	Oregon		97603	No		
N	Marital Status at Time of Death		Spouse's Name Prior to First N	larriage	T. B./			
	Widowed Blaine Wright							
BE COMPLETED BY	Father's Name Mother's I				Name Prior to First Marriage			
	Paul Boyd Katie Cummins							
	Informant's Name Telephone Number Relationship to Decedent Mailing Address							
	Timothy Lyle Wise	Not A	/ailable Son	282	25 Altamont Drive	, Klamath Falls, OF	R 97603	
MP	Place of Death Facility Name							
TO BE COI	Decedent's Residence - Ho	spice						
	Location of Death		City/Town or Loca		State	Zip Code + 4		
	2805 Altamont Drive Klamath Falls			S		gon 976	03	
	Method of Disposition	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			Location (City/Town and State)			
	Cremation		imonsen Crematory	N. Y.	Ashland, Oregon			
	Name and Complete Address of Funeral Facility							
	O'Hair - Wards Funeral Chapel 515 Pine Street, Klamath Falls, Oregon 97601							
	Date of Disposition	Funeral Direct	or's Signature	7	Electronically OR	License Number		
	TBD	▶	Gregory S Dunto	n sist	Signed CC)-3607		
1.50	Registrar's Signature	174	3.0.00	Date Received		al File Number		
	Jennifer A. Woodward June 03, 2022							
	Amendment							

45-2CCS (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.

October 04, 2024

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDE

Jennife A Woodward, Ph.D. STATE REGISTRAR

