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.

In Witness Whereof, the grantor has executed this instrument this <u>8</u> day of <u>6 decempose</u>; if a 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 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 Ellen	1864 1864 18	Last	e, e, ele	Suffix	Death Date		
	Linda	Ellen		Wright			May 26	, 2022	
TO BE COMPLETED BY FUNERAL FACILITY	Sex	Age	Social Se	scurity Number	3 E 1.87	County of De			
	Female	78 years				Klamath	amath		
	Birthdate Birthplace			<u> </u>	Was Decedent Ever in U.S. Armed Forces?				
	July 16, 1943 Portland, Oregon					Ame	No No		
	Residence				City/Town				
	2805 Altamont Drive		<u> </u>	Klamath F	alls		ladia Z s		
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?		
	Klamath		Oregon 9760			7603	No		
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage						
	Widowed Father's Name	Blaine Wright [Mother's Name Prior to First Marriage							
					atie Cummins		i di Kila	endi sik usas	
	Informant's Name Telephone Numb								
	Timothy Lyle Wise Not Available Son			1	2825 Altamont Drive, Klamath Falls, OR 97603				
	Place of Death		Faci	lity Name	m //				
	Decedent's Residence - Hos		. M						
	Location of Death	City/Town or Location of Death			State Zip Code + 4				
	2805 Altamont Drive	****		Klamath Falls			gon 976	003	
	Method of Disposition	Place of Disposition			7.77.77	Location (City/Town and State)			
	Cremation	Litwiller-Simonsen Crematory Ashland, Oregon							
	Name and Compliste Address of Funeral Facility O'Hair - Wards Funeral Chapel 515 Pine Street, Klamath Falls, Oregon 97601								
	Date of Disposition	Funeral Direct	or's Signature	Y 2 W 2 1		OR License Number			
	TBD	>	Grego	ry S Dunton		Signed CO	-3607		
	Registrar's Signature		/// / / / / / / / / / / / / / / / / /		Date Received		l 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 BORDER

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

