Klamath County, Oregon 10/21/2024 03:08:02 PM

Fee: \$92.00



After recording return to: Ken Lundrigan and Kevin Lundrigan 41923 Royal Coachman Drive Chiloquin, OR 97624

Until a change is requested all tax statements shall be sent to: Ken Lundrigan and Kevin Lundrigan 41923 Royal Coachman Drive Chiloquin, OR 97624

File No.: 7161-4208085 (SA) Date: October 17, 2024

THIS SPA	ACE RES	SERVED	FOR	RECC	ORDER'S	USE

PERSONAL REPRESENTATIVE'S DEED

Lori Wright the duly appointed, qualified and acting personal representative of the estate of Harold Merlin Hallam, deceased, Probate No. 24PB03222, conveys to Ken Lundrigan and Kevin Lundrigan, not 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:

Parcel 1 of Land Partition 32-21 of the Records of Klamath County, Oregon Filed January 4, 2022, as Document No. 2022-00090.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$299,000.00.

STATE OF

County of

Oklahoma

File No.: **7161-4208085 (SA)** Date: **October 17, 2024**

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 October	20 21/
The Estate of Harold Merlin Hallam, deceased, Probate No. 24PB03222 By: Probate No. 24PB03222 By: Probate No. 24PB03222 Lori Wright as Personal Representative	Representative

)ss.

This instrument was acknowledged before me on this 18th day october 20 24 by Lori Wright, as personal representative of the estate of The Estate of Harold Merlin Hallam, deceased, Probate No. 24PB03222

Notary Public for Oklahoma My Commission Expires: の2/セ4/よっぷ

Page 2 of 2



STATE OF OREGON

CERTIFICATION OF VITAL RECORD



OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH



136-2023-041211

Legal Name First	21:221		m, t	***	·	STATE FILE NUMBER	
Shirley	Middle Ann	Lasi Hall am		Suffix	Death D		
Sex Female	Age 77 years	Social Security Number		County	of Death	ecember 31, 20	23
Birthdate	Birthplace	1.000	· · · · · · · · · · · · · · · · · · ·	<u> Klam</u>	iaun Mar Dani		
July 14, 1946 Residence:	Manha	attan, Kansas		l	Nas Decedent I J.S. Armed For	Ever in ces? No	
41923 Royal Coachma Residence County	n Drive		Chiloqui n				0.(
Klamath		or Foreign Country Oregon	Zip Code + 4 97624		Inside Ci NO	ity Limils?	
Marital Status at Time of Death Married	Spou	ise's Name Prior to First I	vlanjage	rlin Hallam			
Father's Name Russell Orville Chaffee			Mother's Name Prior t	o First Marriage			
Informant's Name	Telephone Nun	nber Relationship t	Dortha Lee Re o Decedent Mailing Add	ece			
Harold Hallam	INOL AVAIIADIE Spou		PO Box 686, Chiloquin, C			97624	
Decedent's Residence	- Hospice	Facility Name		-	,		
41923 Royal Coachmai	n Drive	City/Town or Loca Chiloguin	ition of Death	State		Zip Code + 4 97624	
Method of Disposition Place of Disposition		mation Services,	Oregon Location (City/Town		City/Town and 5	n and State)	
Name and Complete Address of Fu O'Hair - Wards Funeral	neral Eacility				th Falls, O	regon	
Date of Disposition	Funeral Director's S	515 Pine	Street, Klamath F	alls, Orego	<u>on 97601</u>		
TBD	Pulleral Director's S	ign ature <u>Gregor</u> y S Dunton		Electronically (R License Nun	nber CO 2667	
Registrar's Signature	······································		Date Received	Signed .	ocal File Numb	CO-3607	
Amendment	ennifer A. Woodwo	ırd	January 03, 2	024	ing (wulfild)	CI .	
CAUSE OF DEATH IMMEDIATE CAUSE & Left paris	No etal ischemic CVA	No	THE PARTY OF THE P	5 o	The state of the s	0800 Approximate Int Onset to Dear	erval:
Due to (or as a consequence of) 🕹	star ischemic CVA					hours	
b. Cue to (cr as a consequence of) C.	177			THIRD SALES			
Due to (or as a consequence of) ψ d.	770		E a a a a a a a a a a a a a a a a a a a				
Other significant conditions contribut	ling to death				WITH SOLD WITH S		·
HTN, hypothyroidism Manner of Death	If Female						
Natural Date of Injury Im	if Female Not Applications of Injury Place	ble		Did Ur	tobacco use con KNOWN	ntribute to death?	
	nue or migury Place	of Injury		1.	W-dentricken and the second	Injury at Work?	Patricia
Location of Injury	1,0000 H			· · · · · · · · · · · · · · · · · · ·			
Describe how injury occurred	((()))			If transportation	injury, specify.		· · · · · · · · · · · · · · · · · · ·
Name and Address of Certifier HOILY MONTJOY	COT PARTIES AND THE PARTIES AN	2004		-			
Name and Title of Attending Physicia	an II Other than Certifier		Daggett Avenue,	Klamath F	alls, Orego	on 97601	*****
Medical Certifier					Signed anuary 03,	2024	
	Montjoy	Electronically Signed	Title of Certifier M.D.		License Num		
Amendment	:				MD1588	<u> </u>	
						30 mag 1	
						45-2CC	(01/0
Transport of the second of the				*2024010	//////////////////////////////////////		
O N				TVIV	<u> </u>	- COUNTY	numarron.



DATE ISSUED:

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.

January 05, 2024

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

Jennika A. Woduni Jennifer a. Woodward, Ph.D. STATE REGISTRAR EALTH A