



After recording return to:

Joshua and Sara Maxwell
60 NE Ronald St
Winston, OR 97146

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

Joshua and Sara Maxwell
60 NE Ronald St.
Winston, OR 97146

File No.: 7161-4230318

Date: 01/24/2025

THIS SPACE RESERVED FOR RECORD

2025-000712

Klamath County, Oregon

01/31/2025 11:36:01 AM

Fee: \$107.00

AFFIANT'S DEED

This Document may be executed in any number of counterparts and each of such counterparts shall be deemed to be an original, and shall together constitute one and the same instrument.

Brenda Jauregui, Margaret Watson and Tristan Michael Lee Affiants in that certain small estate proceeding filed in Klamath County Circuit Court, Case No. 24PB04355 concerning the estate of Karen J. Lee, Grantor, conveys to Joshua Maxwell and Sara Maxwell, as tenants by the entirety, Grantee, the following described real property:

Lot 1 in Block 64, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT - PLAT NO. 3, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No. 400827

The true and actual consideration was other property or value, which constitutes the entire consideration given for the conveyance.

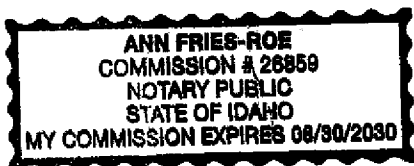
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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 01/27/25 day of

Brenda Jauregui
Brenda Jauregui, Individually and as Affiant in that
certain small estate proceeding filed in Klamath County
Circuit Court, Case No. 24PB04355 concerning the
estate of Karen J. Lee

STATE OF Idaho)
County of Elmore)ss.

This instrument was acknowledged before me on this 27th January 2025 day of 7 by Brenda Jauregui,
Individually and as Affiant in that certain small estate proceeding filed in Klamath County Circuit Court, Case
No. 24PB04355 concerning the estate of Karen J. Lee .



Ann Fries-Roe
Notary Public for Boise, Idaho
My commission expires: 8/30/30

Margaret Watson, Individually and as Affiant in that
certain small estate proceeding filed in Klamath County
Circuit Court, Case No. 24PB04355 concerning the
estate of Karen J. Lee

STATE OF _____)
County of _____)ss.

This instrument was acknowledged before me on this _____ day of _____, by Margaret Watson,
Individually and as Affiant in that certain small estate proceeding filed in Klamath County Circuit Court, Case
No. 24PB04355 concerning the estate of Karen J. Lee .

Notary Public for _____
My commission expires: _____

Dated this _____ day of _____

Brenda Jauregui, Individually and as Affiant in that certain small estate proceeding filed in Klamath County Circuit Court, Case No. 24PB04355 concerning the estate of Karen J. Lee

STATE OF _____)
)ss.
County of _____)

This instrument was acknowledged before me on this _____ day of _____, by Brenda Jauregui, Individually and as Affiant in that certain small estate proceeding filed in Klamath County Circuit Court, Case No. 24PB04355 concerning the estate of Karen J. Lee.

Notary Public for _____
My commission expires: _____

Margaret Watson
Margaret Watson, Individually and as Affiant in that
certain small estate proceeding filed in Klamath County
Circuit Court, Case No. 24PB04355 concerning the
estate of Karen J. Lee

STATE OF _____)
)ss.
County of _____)

This instrument was acknowledged before me on this _____ day of _____, by Margaret Watson, Individually and as Affiant in that certain small estate proceeding filed in Klamath County Circuit Court, Case No. 24PB04355 concerning the estate of Karen J. Lee.

See attached CIA certificate

Notary Public for _____
My commission expires: _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

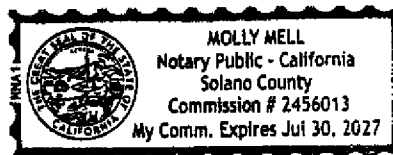
County of Solano

On January 27, 2025 before me, Molly Mell, Notary Public
(insert name and title of the officer)

personally appeared Margaret Watson
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature] (Seal)

Thomas E Fuller

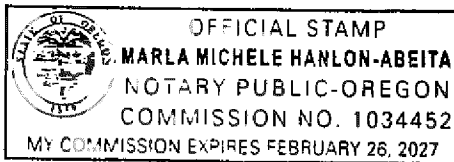
Tristan Michael Lee, by Thomas E. Fuller as guardian,
in that certain small estate proceeding filed in Klamath
County Circuit Court, Case No. 24PB04355 concerning
the estate of Karen J. Lee

STATE OF Oregon)
)ss.
County of Klamath)

January 2025

This instrument was acknowledged before me on this 25 day of , by Thomas E. Fuller,
guardian for Tristan Michael Lee in that certain small estate proceeding filed in Klamath County Circuit Court,
Case No. 24PB04355 concerning the estate of Karen J. Lee .

Marla



Notary Public for Oregon
My commission expires: 2/26/2027

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

862592

LD. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Lloyd Middle: Stanley Last: Lee Suffix:			2. Death Date August 28, 2019	
3. Sex Male	4. Age 76 years	5. Social Security Number 553-56-1807		6. County of Death Klamath
7. Birthdate October 31, 1942	8. Birthplace Modesto, California		9. Decedent's Education 9th - 12th grade	
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 31208 Ground Hog Lane			14. City/Town Bonanza	
15. Residence County Klamath	16. State or Foreign Country Oregon	17. Zip Code + 4 97623	18. Inside City Limits? No	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Karen Jane DeVoll		
21. Usual Occupation Contractor		22. Kind of Business/Industry Construction		
23. Father's Name Rufus Elmer Lee		24. Mother's Name Prior to First Marriage Lydia Maryllis Gilbreath		
25. Informant's Name Karen Jane Lee		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address P.O. Box 284, Bonanza, OR 97623-0284
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 31208 Ground Hog Lane		32. City/Town or Location of Death Bonanza		33. State Oregon
34. Zip Code + 4 97623		35. Method of Disposition Cremation		
36. Place of Disposition Pyramid Cremations		37. Location Klamath Falls, Oregon		
38. Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601				
39. Date of Disposition TBD		40. Funeral Director's Signature William F Davenport		41. OR License Number CO-3104
42. Registrar's Signature Jessica L. Dale		43. Date Received 8-29-2019		44. Local File Number A-190
45. Amendment				
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. Time of Death 0530		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.				
Final disease or condition resulting in death -		IMMEDIATE CAUSE -		Approximate Interval: Onset to Death
a. Due to (or as a consequence of) -		Myocardial infarction		1 hr
b. Due to (or as a consequence of) -		Severe COPD		11 years
c. Due to (or as a consequence of) -				
d. Due to (or as a consequence of) -				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		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) Michael A. Sheets, FNP, PO Box 440, Bonanza, Oregon 97623-0440				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier Family Nurse Practitioner		65. License Number FNP #93006519		66. Date Signed (MM/DD/YYYY) 8-29-2019
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. [Signature]		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.		
69. Amendment				

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:

AUG 30 2019

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

