

Return To:



**2025-000832**

**Klamath County, Oregon**

02/07/2025 09:12:01 AM

Fee: \$122.00

After Recording Return to:

**Sharon Kugelman  
835 N Vagedes Ave  
Fresno CA 93728**

Until change, tax statement shall  
be sent to:

**Same as Above**

**File No. DE23431 / 665736AM**

### **STATUTORY BARGAIN AND SALE DEED**

**Gavin Kugelman and Rachel Lynn Shea,**

hereinafter called grantor, does hereby grant, bargain, sell and convey unto

**Sharon Kugelman,**

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

**Lot 37 in Block 45 of KLAMATH FALLS FOREST ESTATES, HIGHWAY 66 UNIT,  
PLAT NO. 2, according to the official plat thereof on file in the office of the County  
Clerk, Klamath County, Oregon**

**(Tax Acct Number# 472615, Tax Map and Lot # : 3811-016A0-01400)**

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

The true and actual consideration for this conveyance is \$0.00 for case number 23PB05192 for the estate of Ronald Francise Kugelman.

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

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, AND 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 31 day of January, 2025

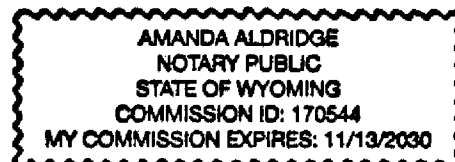
By: \_\_\_\_\_  
Gavin Kugelman

By: R. Shea  
Rachel Lynn Shea

STATE OF Wyoming, County of Laramie) ss.


On January 31st, 2025, personally appeared the above named ~~Gavin Kugelman and Rachel Lynn Shea~~ and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me: Amanda Aldridge  
Notary Public for State of Wyoming  
My commission expires: 11/13/2030



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, AND 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 3rd day of February, 2025

By:   
Gavin Kugelman

By: \_\_\_\_\_  
Rachel Lynn Shea

STATE OF \_\_\_\_\_, County of \_\_\_\_\_) ss.

On \_\_\_\_\_, 2025, personally appeared the above named ~~Gavin Kugelman and Rachel Lynn Shea~~ and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me: \_\_\_\_\_

Notary Public for \_\_\_\_\_

My commission expires: \_\_\_\_\_

\* PLEASE SEE ATTACHED \* VP

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 }

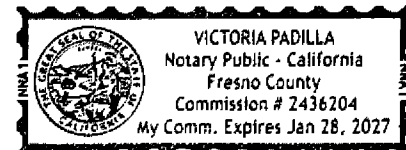
County of FRESNO }

On 02/03/2025 before me, VICTORIA PADILLA, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared GAVIN M. KUGELMAN  
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]  
Notary Public Signature (Notary Public Seal)

## ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

STATUTORY BARGAIN  
(Title or description of attached document)

AND SALE DEED  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

## CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

## DECLARATION OF HEIRSHIP

I, Rachel Lynn Shea being duly sworn, depose and say, That I am the Daughter (relationship to deceased) of Ronald F. Kugelman who died on or about October 25, 2022, at Fresno (City), California (State). (Certified copy of the Death Certificate attached as Exhibit A if not already recorded in county where property is located):

That he/she died: ☒ Intestate (without a Will)

or ☐ Testate (with the final will-copy attached for AmeriTitle's use only - **NOT TO BE RECORDED**)

That at the time of death, the deceased:

Was unmarried YES ☒ NO ☒

Had a surviving spouse\* named Sharon Kugelman or N/A ☐

Was the widow/widower of \_\_\_\_\_ or N/A ☐

Who died on or about \_\_\_\_\_ or N/A ☐

\* A person shall be considered the surviving spouse of a decedent if the person was legally married to the decedent at the time of the decedent's death.

That the following are all of the heirs at law (See ORS 112.025 through 112.045 for definition of Heirs at Law) and devisees of the deceased:

| Name                    | Present Age | Relationship            | Child of Surviving Spouse<br>Yes or No |
|-------------------------|-------------|-------------------------|--|
| <u>Sharon Kugelman</u>  | <u>67</u>   | <u>Surviving Spouse</u> | <u>No</u>                              |
| <u>Rachel Lynn Shea</u> | <u>44</u>   | <u>Daughter</u>         | <u>Yes</u>                             |
| <u>Gavin Kugelman</u>   | <u>40</u>   | <u>Son</u>              | <u>Yes</u>                             |
| _____                   | _____       | _____                   | _____                                  |
| _____                   | _____       | _____                   | _____                                  |
| _____                   | _____       | _____                   | _____                                  |
| _____                   | _____       | _____                   | _____                                  |

That except as set forth above, there were no children of the deceased who died prior to him/her who left children surviving; that no probate for the estate of the deceased has been begun in any jurisdiction; that all debts of the deceased have been paid in full; and that there are no medical, public assistance, funeral, tax (including federal estate tax or Oregon inheritance tax), long term care facility or other claims against

Declaration of Heirship

Version 20100921

AmeriTitle No. 665736,AM

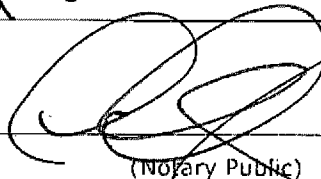
the estate of the deceased.

I hereby agree to indemnify and hold harmless AmeriTitle, Inc. and its underwriter, Westcor Land Title Insurance Company for any loss suffered by it because of the absence of a probate for the estate of the deceased, or due to its reliance upon this declaration in connection with a title policy to be issued on the property described as follows:

**Lot 37 in Block 45 of KLAMATH FALLS FOREST ESTATES, HIGHWAY 66 UNIT, PLAT NO. 2,  
according to the official plat thereof on file in the office of the County Clerk, Klamath  
County, Oregon.**

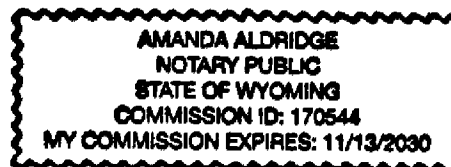
Dated: January 31, 2025

(Signature)

State of Wyoming )  
County of Laramie )This instrument was acknowledged before me on January 31st, 2025, byRachel Lynn Shea

(Notary Public)

My Commission Expires

11/13/2030

## DECLARATION OF HEIRSHIP

I, Gavin Kugelman, being duly sworn, depose and say, That I am the Son (relationship to deceased) of Ronald F. Kugelman who died on or about October 25, 2022, at Fresno (City), California (State). (Certified copy of the Death Certificate attached as Exhibit A if not already recorded in county where property is located):

That he/she died: ☒ Intestate (without a Will)

or ☐ Testate (with the final will-copy attached for AmeriTitle's use only – **NOT TO BE RECORDED**)

That at the time of death, the deceased:

Was unmarried YES ☐ NO ☒

Had a surviving spouse\* named Sharon Kugelman or N/A ☐

Was the widow/widower of \_\_\_\_\_ or N/A ☐

Who died on or about \_\_\_\_\_ or N/A ☐

\* A person shall be considered the surviving spouse of a decedent if the person was legally married to the decedent at the time of the decedent's death.

That the following are all of the heirs at law (See ORS 112.025 through 112.045 for definition of Heirs at Law) and devisees of the deceased:

| Name                    | Present Age | Relationship            | Child of Surviving Spouse<br>Yes or No |
|-------------------------|-------------|-------------------------|--|
| <u>Sharon Kugelman</u>  | _____       | <u>Surviving Spouse</u> | <u>No</u>                              |
| <u>Rachel Lynn Shea</u> | _____       | <u>Daughter</u>         | <u>Yes</u>                             |
| <u>Gavin Kugelman</u>   | <u>40</u>   | <u>Son</u>              | <u>Yes</u>                             |
| _____                   | _____       | _____                   | _____                                  |
| _____                   | _____       | _____                   | _____                                  |
| _____                   | _____       | _____                   | _____                                  |
| _____                   | _____       | _____                   | _____                                  |

That except as set forth above, there were no children of the deceased who died prior to him/her who left children surviving; that no probate for the estate of the deceased has been begun in any jurisdiction; that all debts of the deceased have been paid in full; and that there are no medical, public assistance, funeral, tax (including federal estate tax or Oregon inheritance tax), long term care facility or other claims against

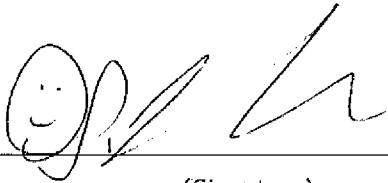
AmeriTitle No. 665736AM

the estate of the deceased.

I hereby agree to indemnify and hold harmless AmeriTitle, Inc. and its underwriter, Westcor Land Title Insurance Company for any loss suffered by it because of the absence of a probate for the estate of the deceased, or due to its reliance upon this declaration in connection with a title policy to be issued on the property described as follows:

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Dated: 2/3/2025

  
\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_)

County of \_\_\_\_\_)

This instrument was acknowledged before me on \_\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)  
My Commission Expires \_\_\_\_\_

\* PLEASE SEE  
ATTACHED # UP



# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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State of California }

County of FRESNO }

On 02/03/2025 before me, VICTORIA PADILLA, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared GAVIN M. KUGELMAN  
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.

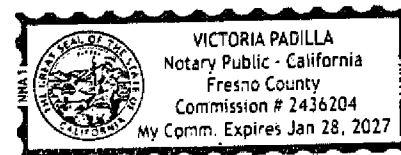
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]

Notary Public Signature

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

DECLARATION OF HEIRSHIP

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

\_\_\_\_\_  
(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

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