



00340978202500029250020022

04/21/2025 12:32:20 PM

Fee: \$87.00

After recording, return to:  
SCOTT C. SCHULTZ  
Attorney at Law  
969 Willagillespie Road  
Eugene, OR 97401

Until a change is requested,  
mail all tax statements to:  
NO CHANGE

## WARRANTY DEED

ROGER L. SKELTON, "Grantor", hereby conveys and warrants to NICK L. SKELTON, CHRISTOPHER R. SKELTON and SARA L. SKELTON-BELL, Trustees, or their successors in trust, under the SKELTON LIVING TRUST, dated April 10, 2025, and any amendments thereto, "Grantees", the following real property, free of encumbrances except for matters of public record:

**Lot 25 of the Odell Lake G Tract, a plat of which is on file in the office of the Forest Supervisor, Sec 14, T. 23 S., R GE., WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.**

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THE LIABILITY AND OBLIGATIONS OF THE GRANTOR TO GRANTEE AND GRANTEE'S HEIRS AND ASSIGNS UNDER THE WARRANTIES AND COVENANTS CONTAINED HEREIN OR PROVIDED BY LAW SHALL BE LIMITED TO THE EXTENT OF COVERAGE THAT WOULD BE AVAILABLE TO GRANTOR UNDER A STANDARD POLICY OF TITLE INSURANCE CONTAINING EXCEPTIONS FOR MATTERS OF PUBLIC RECORD. THE LIMITATIONS CONTAINED HEREIN EXPRESSLY DO NOT RELIEVE GRANTOR OF ANY LIABILITY OR OBLIGATIONS UNDER THIS INSTRUMENT, BUT MERELY DEFINE THE SCOPE, NATURE, AND AMOUNT OF SUCH LIABILITY OR OBLIGATIONS.

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 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

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THE TRUE CONSIDERATION FOR THIS CONVEYANCE IS \$-0-.

Dated this 10th day of April, 2025.

ROGER L. SKELTON

State of Oregon     )  
                                  ) ss.  
County of Lane     )

This instrument was acknowledged before me on the 10th day of April, 2025, by  
ROGER L. SKELTON.

Notary Public for Oregon



922741

LD. TAG NO.

**OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH**

136-2020-022343

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date
			Sharon	Louise	Skelton		August 07, 2020
	Sex	Age	68 years		Social Security Number		
	Female					County of Death	
	Birthdate	October 19, 1951		Birthplace		Lane	
			Cottage Grove, Oregon		Was Decedent Ever in U.S. Armed Forces?		No
	Residence	37685 Kimball Road		City/Town		Dexter	
	Residence County	Lane		State or Foreign Country		Oregon	
			Zip Code + 4		Inside City Limits?		No
			97431				
	Marital Status at Time of Death	Married		Spouse's Name Prior to First Marriage		Roger Lee Skelton	
	Father's Name	Gary Lee Queener		Mother's Name Prior to First Marriage		LaDonna Jean Evert	
	Informant's Name	Telephone Number	Relationship to Decedent		Mailing Address		
	Roger Lee Skelton	Not Available	Spouse		37685 Kimball Road, Dexter, OR 97431		
	Place of Death	Decedent's Residence - Hospice		Facility Name			
Location of Death	37685 Kimball Road		City/Town or Location of Death		State	Zip Code + 4	
		Dexter		Oregon		97431	
Method of Disposition	Place of Disposition		Location (City/Town and State)				
Cremation	Andreason's Springfield Cremation Center		Springfield, Oregon				
Name and Complete Address of Funeral Facility							
Andreason's Cremation & Burial Services, Springfield 320 N 6th Street, Springfield, Oregon 97477							
Date of Disposition	Funeral Director's Signature		Electronically Signed		OR License Number		
TBD	Stephen P. Dockendorf				CO-3929		
Registrar's Signature	Date Received		Local File Number				
Jennifer A. Woodward	August 11, 2020						
Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death
							Approximate Interval: Onset to Death
	CAUSE OF DEATH						
	IMMEDIATE CAUSE						
	a.						
	Due to (or as a consequence of) ↓						
	b.						
	Due to (or as a consequence of) ↓						
	c.						
	Due to (or as a consequence of) ↓						
	d.						
	Other significant conditions contributing to death						
	Manner of Death		If Female		Did tobacco use contribute to death?		
	Date of Injury	Time of Injury	Place of Injury		Injury at Work?		
Location of Injury							
Describe how injury occurred				If transportation injury, specify.			
Name and Address of Certifier							
Grant Peter Anderson 2650 Suzanne Way 200, Eugene, Oregon 97408							
Name and Title of Attending Physician if Other than Certifier							
Medical Certifier		Electronically Signed		Title of Certifier		Date Signed	
Grant Peter Anderson				M.D.		August 11, 2020	
Amendment				License Number			
				MD186963			

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.

August 12, 2020

DATE ISSUED:

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

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

45-2CC (01/06)

\*20200811375\*

