2025-003319
Klamath County, Oregon

00341455202500033190020027

05/05/2025 12:16:27 PM Fee: $87.00

AFTER RECORDING, RETURN TO:
Johnson & Taylor, LLC
Attn: Ryan M. Johnson
1193 Liberty Street SE
Salem, OR. 97302

SEND TAX STATEMENTS TO:
Sophia Misiewicz
1528 County Road O South
Rudolph, WI 54475

STATUTORY WARRANTY DEED

I, **Sophia Misiewicz** ("Grantor"), convey and warrant to **Sophia Misiewicz** ("Grantee"), all of my interest, which is 100% of the entire real property, in the following described real property (the "Property"), free of encumbrances, except as specifically set forth herein:

Real Property situated in Klamath County, State of Oregon, Parcel # R-3711-017A0-00300-000, described more particularly as follows:

LOT 11, Block 5, Klamath Falls Forest Estates, Hwy 66, Plat (unit) 1

The true consideration for this conveyance is: Zero ($0.00); Estate Planning Purposes. This property is free of liens and encumbrances, except as stated above.

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED this 22 day of April, **2025.**

Sophia Misiewicz
Sophia Misiewicz, Grantor

STATE OF WISCONSIN)
) ss.
County of Wood)

The foregoing instrument was acknowledged before me on this 22nd day of April **2025**, by **Sophia Misiewicz**, who acknowledged such instrument to be their free and voluntary act and deed, and on oath stated that they were duly authorized to execute such instrument.

JAYDA SCHULFER
Notary Public
State of Wisconsin

Jayda Schulfer
Notary Public for the State of Wisconsin

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILE DATE: SEPTEMBER 25, 2024
STATE FILE NUMBER: 2024040241

FACT OF DEATH

1. DECEDENT'S NAME First	Middle	Last	2. SOCIAL SECURITY NUMBER	3. DATE PRONOUNCED DEAD
CLARENCE	CASMIR	MISIEWICZ	[redacted]	SEPTEMBER 17, 2024

4. TIME PRONOUNCED DEAD (24hr)	5. AGE	6. DATE OF BIRTH	7. SEX	8. CITY, VILLAGE, OR TOWNSHIP OF DEATH	9. COUNTY OF DEATH
13:26	68 YEARS	JULY 03, 1956	MALE	CARSON (TOWN)	PORTAGE

10. PLACE OF DEATH	11. FACILITY NAME AND ADDRESS OF DEATH
DECEDENT'S RESIDENCE - HOSPICE CARE	1528 COUNTY ROAD O SOUTH (COMPASSUS)

12. RESIDENCE ADDRESS	13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP	14. RESIDENCE COUNTY	15. RESIDENCE STATE
1528 COUNTY ROAD O SOUTH	CARSON (TOWN)	PORTAGE	WISCONSIN

16. MARITAL STATUS	17. WI DOMESTIC PARTNERSHIP	18. SURVIVING SPOUSE'S BIRTH NAME	19. STATE OF BIRTH	20. DECEDENT'S BIRTH LAST NAME
MARRIED	NO	SOPHIA UNKNOWN	WISCONSIN	MISIEWICZ

21. FATHER'S BIRTH NAME	22. MOTHER'S BIRTH NAME
JOHN MISIEWICZ	CYRENNE ELCHLEPP

23. INFORMANT'S NAME	24. INFORMANT'S MAILING ADDRESS
SOPHIA IRENE MISIEWICZ	1528 COUNTY ROAD O SOUTH, RUDOLPH, WI 54475

25. NAME AND ADDRESS OF FUNERAL FACILITY	26. FUNERAL DIRECTOR'S NAME	27. DATE SIGNED
FIRST WISCONSIN CREMATION, 1125 CRANSTON ROAD, BELOIT, WI 53511	WILLIAMS, JAROD	SEPTEMBER 25, 2024

28. TYPE OF MEDICAL CERTIFIER	29. MEDICAL CERTIFIER'S NAME AND TITLE	30. DATE SIGNED
PHYSICIAN	THANMAYI KAZA, MD	SEPTEMBER 18, 2024

31. DATE OF DEATH	32. TIME OF DEATH (24hr)	33. MEDICAL CERTIFIER'S MAILING ADDRESS
SEPTEMBER 17, 2024	13:26	1840 POST ROAD, PLOVER, WI 54467

EXTENDED FACT OF DEATH

34. USUAL OCCUPATION	35. KIND OF BUSINESS/INDUSTRY	36. EVER IN US ARMED FORCES	37. DECEDENT TRIBAL MEMBER TRIBE NAME(S):
UNKNOWN	UNKNOWN	NO	NO

38. MANNER OF DEATH	39. METHOD OF DISPOSITION	40. PLACE AND LOCATION OF DISPOSITION
NATURAL	CREMATION	SIGNATURE CREMATION SERVICE, BELOIT, WISCONSIN

41. **PART I.** The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.

		Interval Between Onset and Death
Immediate Cause: (a)	MALIGNANT NEOPLASM OF PROSTATE	UNKNOWN
Due to or as a consequence of: (b)	SECONDARY MALIGNANT NEOPLASM OF BONE	UNKNOWN
Due to or as a consequence of: (c)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	UNKNOWN
Due to or as a consequence of: (d)	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	UNKNOWN

41. **PART II. OTHER SIGNIFICANT CONDITIONS** contributing to death but not resulting in the underlying cause given in Part I. OTH GENERALIZED EPILEPSY INTRACTABLE W/O STAT EPI - UNKNOWN

42. AUTOPSY PERFORMED	43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY
NO				

47. LOCATION OF INJURY	48. COUNTY OF INJURY

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

NO AMENDMENTS PRESENT

5272754

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

LOCAL REGISTRAR WISCONSIN

Sandra Disrud
SANDRA DISRUD
ROCK COUNTY REGISTER OF DEEDS

25811749

Date Issued: SEPTEMBER 25, 2024

STATE OF WISCONSIN

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE VITAL RECORD WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE