

Returned at Counter
Leannette Lee

AFTER RECORDING, RETURN TO:
Beverly L. Lee
2815 Patterson St.
Klamath Falls, OR 97603

SEND TAX STATEMENTS TO:
Beverly L. Lee
2815 Patterson St.
Klamath Falls, OR 97603

2025-000248

Klamath County, Oregon



01/13/2025 01:55:43 PM

Fee: \$92.00

2025-004458

Klamath County, Oregon



06/11/2025 12:30:36 PM

Fee: \$92.00

STATUTORY WARRANTY DEED

B. Leanne Lee ~~AKA~~ *Beverly L. Lee*
* I, **Beverly L. Lee** ("Grantor"), convey and warrant to **Beverly L. Lee**, Trustee of **The Beverly Lee Revocable Living Trust, dated January 8th, 2025** ("Grantee"), all of my interest in the following described real property (the "Property"), free of encumbrances, except as specifically set forth herein:

Real Property located at 2815 Patterson Street, Klamath Falls, Oregon 97603, described more particularly as follows:

Parcel 2 of Land Partition No. 29-93 situated in SE1/4 SW1/4 of Section 1, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.

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.

*Re Recording at request of Grantor to correct
Grantor name on previously recorded Doc. #2025-000248*

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,

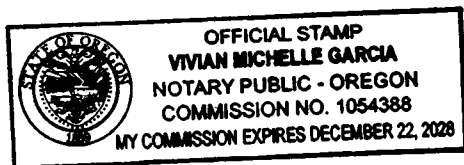
CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009,
AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED this 8th day of **January 2025**.

Beverly L. Lee AKA: B. Laverne Lee
Beverly L. Lee, Grantor
B Laverne Lee

STATE OF OREGON)
) ss.
County Klamath)

The foregoing instrument was acknowledged before me on this 8th day of **January 2025**, by **Beverly L. Lee**, 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.



[Signature]
Notary Public for the State of Oregon

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

612959

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Roger Middle: Wayne Last: Lee Suffix:			2. Death Date August 28, 2011		
3. Sex Male		4. Age 70 years		5. Social Security Number [REDACTED]	
7. Birthdate October 24, 1940		8. Birthplace San Mateo, California		6. County of Death Klamath	
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 2815 Patterson Street			14. City/Town Klamath Falls		
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97603	
19. Marital Status at Time of Death Married			20. Spouse's Name Prior to First Marriage LaVerne Hill		
21. Usual Occupation Sales			22. Kind of Business/Industry Automotive		
23. Father's Name Robert Byram Lee			24. Mother's Name Prior to First Marriage Margarette Jeannette Bush		
25. Informant's Name LaVerne Lee		26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 2815 Patterson Street, Klamath Falls, OR 97603					
29. Place of Death Decedent's Residence - Hospice			30. Facility Name		
31. Location of Death 2815 Patterson Street			32. City/Town or Location of Death Klamath Falls		33. State Oregon
35. Method of Disposition Cremation			36. Place of Disposition Eternal Hills Crematory		37. Location Klamath Falls, Oregon
38. Name and Complete Address of Funeral Facility Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603					
39. Date of Disposition TBD		40. Funeral Director's Signature <i>Eleanor L. Olson</i>		41. OR License Number CO-3860	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received SEP -2 2011		44. Local File Number 061	
45. Amendment					

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" 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 0548	
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.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE ↓ a. <i>Chronic Respiratory Failure</i>					
		Due to (or as a consequence of) ↓ b. <i>COPD</i>					
		Due to (or as a consequence of) ↓ c.					
		Due to (or as a consequence of) ↓ d.					
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 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) David Panossian 2614 Almond St, Klamath Falls OR 97601							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Medical Doctor				65. License Number MD2614		66. Date Signed (mm/dd/yyyy) 8/31/11	
67. Medical Certifier - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>				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							

45-2DP (01/08)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

SEP -2 2011

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE