

2025-005278

Klamath County, Oregon

06/27/2025 10:15:02 AM

Fee: \$107.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:

Kasindra Lynn Cartwright

6043 Climax Ave

Klamath Falls, OR

97603

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

Kasindra Lynn Cartwright

6043 Climax Ave

Klamath Falls, OR

97603

STATUTORY BARGAIN AND SALE DEED

Thomas James Damon, individually and as Affiant in that certain Small Estate proceeding filed in Jackson County Circuit Court, Case No. 23PB08712 concerning the Estate of Shirley Mae Mellicke who acquired title as Shirley Damon, Nola Louise Lecuyer, Shari Lynn Mellicke, Lawrence Arthur Damon and Gina Sue Teachout, as Heirs, Grantor, conveys to Kasindra Lynn Cartwright, Grantee, the following described real property:

LEGAL DESCRIPTION: Real property in the County of Klamath, State of Oregon, described as follows:

Lot 24 of Sportsman Park, Klamath County, Oregon

The true consideration for this conveyance is **\$3,000.00**. (Here comply with requirements of ORS 93.030)

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

Page 1 of 4

This instrument filed for record as an accommodation only. It has not been examined as to its effect upon the title.
First American Title Co.

First American Title 4284945/ACCOM

Bargain and Sale Deed
- continued

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 25 day of June, 2025

Estate of Shirley Mae Mellicke, deceased

Thomas James Damon
Thomas James Damon, individually and as
Affiant

Nola Louise Lecuyer
Nola Louise Lecuyer, heir

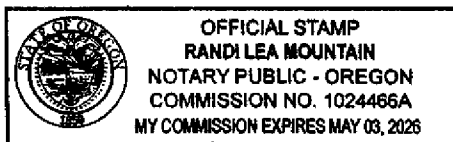
Shari Lynn Mellicke
Shari Lynn Mellicke, heir

Lawrence Arthur Damon
Lawrence Arthur Damon, heir

Gina Sue Teachout
Gina Sue Teachout, heir

STATE OF Oregon)
County of Jackson)ss.

This instrument was acknowledged before me on this 25 day of June, 2025 by **Thomas James Damon, individually and as Affiant of the Small Estate of Shirley Mae Mellicke.**

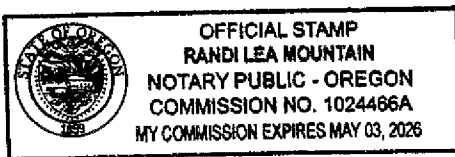



[Signature]
Notary Public for Oregon
My commission expires: 5/3/26

Bargain and Sale Deed
- continued

STATE OF Oregon)
County of Jackson)ss.

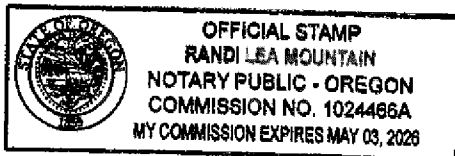
This instrument was acknowledged before me on this 25 day of June, 2025 by **Nola Louise Lecuyer**.




Notary Public for Oregon
My commission expires: 5/3/26

STATE OF Oregon)
County of Jackson)ss.

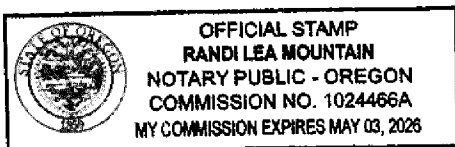
This instrument was acknowledged before me on this 25 day of June, 2025 by **Shari Lynn Meilicke**.





Notary Public for Oregon
My commission expires: 5/3/26

STATE OF Oregon)
County of Jackson)ss.

This instrument was acknowledged before me on this 25 day of June, 2025 by **Lawrence Arthur Damon**.

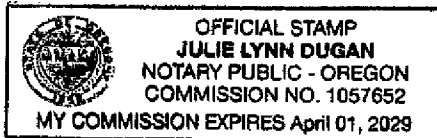



Notary Public for Oregon
My commission expires: 5/3/26

Bargain and Sale Deed
- continued

STATE OF Oregon)
County of Clackamas)ss.

This instrument was acknowledged before me on this 26 day of June,
2025 by **Gina Sue Teachout**.



Julie Lynn Dugan
Notary Public for Oregon
My commission expires: 4/1/2029

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1047301

ID, TAG NO

STATE FILE NUMBER

1. Legal Name Shirley		First Mae		Last Meilicke		Suffix		2. Death Date April 22, 2023	
3. Sex Female		4. Age 89 years		5. Social Security Number [REDACTED]		6. County of Death Jackson			
7. Birthdate December 25, 1933		8. Birthplace Medford, Oregon		9. Decedent's Education High school grad. or GED		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 2389 Terri Drive		14. City/Town Medford		15. State or Foreign Country Oregon	
16. Zip Code + 4 97504		17. Inside City Limits? Yes		18. Marital Status at Time of Death Widowed		19. Spouse's Name Prior to First Marriage Edward G Meilicke		20. Kind of Business/Industry Real Estate	
21. Usual Occupation Investor		22. Father's Name Arthur Edmonds		23. Mother's Name Prior to First Marriage Jessie Pierce		24. Informant's Name Thomas James Damon		25. Telephone Number Not Available	
26. Relationship to Decedent Son		27. Mailing Address 2389 Terri Lane, Medford, OR 97504		28. Place of Death Licensed Residential Care Facility		29. Facility Name Farmington Square - Medford		30. Location of Death 1530 Poplar Dr	
31. City/Town or Location of Death Medford		32. State Oregon		33. Zip Code + 4 97504		34. Method of Disposition Cremation		35. Place of Disposition Siskiyou Memorial Park Crematory	
36. Name and Complete Address of Funeral Facility Peri Funeral Home		37. Date of Disposition TBD		38. Funeral Director's Signature Gene L Drake		39. OR License Number CO-3536		40. Local File Number	
41. Registrar's Signature Kings Carol		42. Date Registered MAY 23 2023		43. Amendment		44. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
45. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Time of Death 2236		48. Cause of Death			
49. 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.		50. Final disease or condition resulting in death a. Dementia		51. Due to (or as a consequence of) b. Atrial Fibrillation		52. Due to (or as a consequence of) c. Hypertension		53. Due to (or as a consequence of) d. Hypothyroidism	
54. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Cardiac Pacemaker		55. 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		56. If Female <input checked="" 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		57. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		58. Date of Injury (month day year) 04-07-2023	
59. Time of Injury 1530 Poplar Drive, Medford OR, 97504		60. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Farmington Square, Nursing Home		61. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		62. Describe how injury occurred Fall Fracture left hip		63. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
64. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) William Husum MD, 2900 Doctors Park Drive, medford OR		65. Name and Title of Attending Physician if Other than Certifier		66. Title of Certifier MD		67. License Number MD09744		68. Date Signed (month day year) 05-22-2023	
69. 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.		70. 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.		71. Amendment		72. Signature of Medical Certifier William Husum MD			

7677532

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/06)

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:

MAY 23 2023

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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

