2025-005298 Klamath County, Oregon 06/27/2025 02:00:01 PM Fee: \$107.00

After recording return to:

The Law office of David M. Mitchell 1785 Willamette Falls Drive #2 West Linn OR 97068

Grantor(s): Garrilynn Harvey, Trustee of the Beverly M. Harvey Revocable Living Trust UAD 05/25/2022 1604 April Court	Until A Change Is Requested, Send All Tax Statements To: Garrilynn Harvey 1604 April Court West Linn, OR 97068
West Linn, OR 97068	
Grantee(s): Garrilynn Harvey 1604 April Court West Linn, OR 97068	Consideration: \$None [This transfer is being made by virtue of inheritance]

STATUTORY WARRANTY DEED

GARRILYNN HARVEY, TRUSTEE OF THE BEVERLY M. HARVEY REVOCABLE LIVING TRUST UAD 05/25/2022, Grantor, conveys and warrants to GARRILYNN HARVEY, Grantee, the following described real property free of encumbrances except as specifically set forth below situated in the County of Klamath, State of Oregon:

Lot Nine (9), Block Nine (9), Jack Pine Village, according to the official plat thereof on file with the County Clerk of Klamath County and subject to the Building and Use restrictions appurtenant thereto and on file in Volume M-69, Page 3870 Deed records.

Tax Account Number: 133625 Map: 2309-025A0-00700 Site Address: 147011 Gracies Road, Gilchrist, OR 97737

Subject to Covenants, Conditions, restrictions, and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

1 - STATUTORY WARRANTY DEED

The true consideration for this conveyance is \$NONE. This transfer is being made by virtue of inheritance.

Attached hereto as Exhibit "1" is a true copy of the short-form death certificate of Beverly M. Harvey.

Attached hereto as Exhibit "2" is a true copy of a "Certification of Trust" showing that Garrilynn Harvey has the authority to sign on behalf of the decedent's trust as the currently acting trustee.

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. 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 VERIFY THE EXISTENCE OF FIRE PROTECTION FOR STRUCTURES 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: June 27, 2025.

Darrilyn M. Harvey

Garrilynn Harvey, Trustee of the Beverly M. Harvey Revocable Living Trust UAD 05/25/2022

STATE OF OREGON, County of Clackamas) ss.

This instrument was acknowledged before me on this 27th day of June 2025, by Garrilynn Harvey, Trustee of the Beverly M. Harvey Revocable Living Trust UAD 05/25/2022 and she acknowledged the foregoing instrument to be her voluntary act and deed.



2 - STATUTORY WARRANTY DEED

STATE OF OREGON

		C.C.
	OREGON HEALTH A	
1067775 I.D. TAG NO	CENTER FOR HEALTH CERTIFICATE OF	g and g and f and g and g and g and f a
Legal Name	Middle:	Suffix Death Date
Beverly	Marie Harvey	June 05, 2025
Sex Female	Age Social Security Number 87 years	County of Death Clackamas
Birthdate April 16, 1938	Birtholace Portland, Oregon	Was Decedent Everin U.S. Armed Forces? No
Residence 1604 April Court		City/Town West Linn
Residence County	State or Foreign Country Oregon	Zip Code #4 Inside City Limits? 97068 Yes
Marital Status at Time of Death Widowed	Spouse's Name Prior to First Marria Garry Edward Harvey	ge
Father's Name	Mc	ther's Name Prior to First Marriage larguerite Elzetta Couey
Informant's Name Garrilynn Harvey	Telephone Number Relationship to De	cedent Malling Address 1608 April Court, West Linn, OR 97068
Place of Death	Facility Name AA	11000 April Court, West Linit, UK 97000
Decedent's Residence - He Location of Death	City/Town or Location	
1604 April Court Method of Disposition	West Linn Place of Disposition	Oregon 97068
Cremation Name and Complete Address of Fune		Portland, Oregon
Holman-Hankins-Bowker in Date of Disposition	Waud Funeral Service	715 7th St, Oregon City, Oregon 97045
TBD. Registrar's Signature	► Timothy ₽ Waud	Electronically Signed FS-0378 Date Received Local File Number
Fighting Signature		Date Received Local File Number June 11, 2025
Amendment		
	in the second	45-2CCS
	gan kaine w	
		20250614939
		EXHIBIT # <u>\</u>
		Pagelor 1
I CERTIFY TH		E ORIGINAL CERTIFICATE ON FILE OR THE VITAL
RECORDS FA	OIS ON FILE IN THE OREGON CENTER FOR H	EALIH STATISTICS.
DATE ISSUED	June 11, 2025	JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR
	THIS COPY IS NOT VALID WITHOUT INTAGL	

CERTIFICATION OF TRUST

I, GARRILYNN HARVEY, Trustee of the BEVERLY MARIE HARVEY REVOCABLE LIVING TRUST UAD 05/25/2022, hereby certify as follows:

(1) The Beverly Marie Harvey Revocable Living Trust is presently in existence. The trust agreement was executed on May 25, 2022.

(2) The Settlor of the Trust is BEVERLY MARIE HARVEY who died on June 5, 2025.

(3) The currently acting Trustee of the Trust is GARRILYNN HARVEY.

(4) Under the terms of the Trust Agreement, the Trustee is given all powers granted a Trustee under the Oregon Uniform Trust Code as set forth in ORS 130.001.

(5) The mailing address of the currently acting Trustee is:

1604 April Court West Linn, OR 97068

(6) The Trust is irrevocable and cannot be modified or amended.

(7) The Trustee designated in item 3 is acting alone and has authority to exercise trust powers alone.

(8) Trust Assets should be titled as follows: "GARRILYNN HARVEY, Trustee of the Beverly M. Harvey Revocable Living Trust UAD 05/25/2022"

(9) The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this certification to be incorrect.

(10) The Trust's employer identification number is 39-6917705.

(11) <u>Reliance by Third Parties</u>. ORS 130.860(9) provides in part:

(a) A person who acts in reliance upon a certification of trust without actual knowledge that the representations contained in the certification are incorrect is not liable to any person for so acting and may assume without inquiry the existence of the facts contained in the certification. A person does not have actual knowledge that the representations contained in the certification are incorrect solely by reason of having a copy of all or part of the trust instrument.

1 - CERTIFICATION OF TRUST

EXHIBIT # 1 Page 1 of 2

(b) Any transaction, and any lien created by that transaction, is enforceable against a trust if the transaction is entered into by a person acting in reliance on a certification of trust containing the information set forth in this section without actual knowledge that the representations contained in the certification are incorrect.

I hereby certify the above to be true as of this date.

DATED this 17th day of June 2025.

Sarrilynn M. Harvey)

GARRILYNN HARVEY, Trustee

STATE OF OREGON)) ss. County of Clackamas)

This instrument was acknowledged before me on this 17th day of June 2025, by GARRILYNN HARVEY as acting Trustee.



NOTARY PUBLIC FOR OREGON

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2 - CERTIFICATION OF TRUST