

2025-005957

Klamath County, Oregon

Returned at Counter

QUITCLAIM DEED



00344575202500059570020021

07/11/2025 03:56:33 PM

Fee: \$92.00

GRANTEE

ALAN PEPPER, JACOB PEPPER
5946 SEAGULL DR.
BONANZA, OR. 97623

GRANTORS NAME & ADDRESS

SCOTT PEPPER
5946 SEAGULL DR.
BONANZA, OR 97623
GRANTEE

SEND ALL TAX STATEMENTS TO NAME & ADDRESS ALAN PEPPER 5946 SEAGULL DR., BONANZA, OR, 97623

KNOW ALL BY THESE PRESENTS THAT SCOTT PEPPER

HEREINAFTER CALLED GRANTOR, FOR THE CONSIDERATION HEREINAFTER STATED, DOES HEREBY REMISE, RELEASE, AND FOREVER QUITCLAIM UNTO ALAN PEPPER AND JACOB PEPPER
HEREAFTER CALLED GRANTEE, AND UNTO GRANTEE'S HEIRS, SUCCESSORS AND ASSIGNS, ALL OF THE GRANTOR'S RIGHT, TITLE AND INTEREST IN THAT CERTAIN REAL PROPERTY, WITH THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANY WAY APPERTAINING, SITUATED IN KLAMATH COUNTY, STATE OF OREGON, DESCRIBED AS FOLLOWS.
(LEGAL DISCRIPTION)

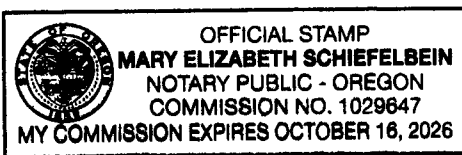
PROPERTY LOCATION: 5946 SEAGULL DR, BONANZA OR, 97623

PROPERTY MAPS KLAMATH FOREST ESTATES HIGHWAY 66 UNIT, PLATT 2, BLOCK 48, LOTS 10 AND 11,
PLATT #2, BLOCK49, LOT 13.

ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY OREGON, FILED APRIL 17, 2008 IN 2008-005604
RECORDS OF KLAMATH COUNTY.

TO HAVE AND TO HOLD THE SAME UNTO GRANTEE AND GRANTEE'S HEIRS, SUCCESSORS AND ASSIGNS FOREVER.
THE TRUE AND ACTUAL CONSIDERATION PAID FOR THIS TRANSFER, STATED IN TERMS OF DOLLARS, IS \$ 40,000
IN CONSTRUING THIS INSTRUMENT, WHERE THE CONTEXT SO REQUIRES, THE SINGULAR INCLUDES THE PLURAL, AND ALL GRAMMATICAL CHANGES SHALL BE MADE SO THAT THIS INSTRUMENT SHALL APPLY EQUALLY TO BUSINESS, OTHER ENTITIES AND TO INDIVIDUALS.

IN WITNESS WHEREOF, GRANTOR HAS EXECUTED THIS INSTRUMENT ON 3/24/2024 ANY
SIGNATURE ON BEHALF OF A BUSINESS OR OTHER ENTITY IS MADE WITH THE AUTHORITY OF THAT ENTITY.



GRANTOR SIGNATURE

Scott Pepper

STATE OF OREGON, COUNTY OF KLAMATH

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON 3/24/24

BY GRANTOR *Scott Pepper*

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON 3/24/24
AS NOTARY *Mary Elizabeth Schiefelbein*
10-16-26

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

893641

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2020-021339

STATE FILE NUMBER

| | | | | | | |
|--|----------|---------------------------------------|--------------------------------|---------------------------------------|---|--|
| Legal Name | | First | Middle | Last | Suffix | Death Date |
| | | Tina | Marie | Abrao-Pepper | | July 22, 2020 |
| Sex | Age | Social Security Number | | | County of Death | |
| Female | 49 years | | | | Klamath | |
| Birthdate | | Birthplace | | | Was Decedent Ever in U.S. Armed Forces? | |
| October 13, 1970 | | San Diego, California | | | No | |
| Residence: | | | | City/Town | | |
| 5946 Seagull Drive | | | | Bonanza | | |
| Residence County | | State or Foreign Country | | Zip Code + 4 | | Inside City Limits? |
| Klamath | | Oregon | | 97623-9792 | | No |
| Marital Status at Time of Death | | Spouse's Name Prior to First Marriage | | | | |
| Married | | Scott Keith Pepper | | | | |
| Father's Name | | | | Mother's Name Prior to First Marriage | | |
| Francis Joseph Abrao | | | | Barbara Ann Villegas | | |
| Informant's Name | | Telephone Number | | Relationship to Decedent | | Mailing Address |
| Scott Keith Pepper | | Not Available | | Spouse | | 5946 Seagull Drive, Bonanza, OR 97623-9792 |
| Place of Death | | | Facility Name | | | |
| Hospital-Inpatient | | | Sky Lakes Medical Center | | | |
| Location of Death | | | City/Town or Location of Death | | State | Zip Code + 4 |
| 2865 Daggett Avenue | | | Klamath Falls | | Oregon | 97601 |
| Method of Disposition | | Place of Disposition | | | Location (City/Town and State) | |
| Cremation | | Pyramid Cremations | | | Klamath Falls, Oregon | |
| Name and Complete Address of Funeral Facility | | | | | | |
| Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601 | | | | | | |
| Date of Disposition | | Funeral Director's Signature | | | OR License Number | |
| TBD | | William F Davenport | | | CO-3104 | |
| Registrar's Signature | | | | Date Received | | Local File Number |
| Jennifer A. Woodward | | | | August 03, 2020 | | |
| Amendment | | | | | | |

TO BE COMPLETED BY FUNERAL FACILITY

45-2CCS (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:

August 04, 2020

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

