

2025-010261
Klamath County, Oregon



00349613202500102610050054

11/14/2025 03:02:25 PM

Fee: \$107.00

After recording, return to:

Jill C Moore
6590 Tingley Ln
Klamath Falls Or 97603

*This space reserved for use by the County Recording Office.***Oregon Transfer on Death Deed**

(ORS 93.948 (URPTDA 1) to 93.979 (Relation to Electronic Signatures in
Global and National Commerce Act))

NOTICE TO OWNER

You should carefully read all information on this form. You may want to consult a lawyer before using this form. This form must be recorded before your death or it will not be effective.

TAX STATEMENT

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

6590 Tingley Lane Klamath Falls, Or 97603

IDENTIFYING INFORMATION

Owner or Owners Making This Deed (Grantor or Grantors):

Name: Jill Christy Moore

Address: 6590 Tingley Ln Klamath Falls, Or 97603

Name: Dewey Ray Moore - Deceased -

Address: _____

LEGAL DESCRIPTION

A complete legal description of the real property being conveyed by this instrument is attached hereto on page 4 as EXHIBIT A.

**PRIMARY BENEFICIARY**

I designate the following beneficiary if the beneficiary survives me (Grantee):

Name: Randy Dale Moore

Address: 15531 Dencer Lane Merrill, Or 97633

ALTERNATE BENEFICIARY

If my Primary Beneficiary does not survive me, I designate the following alternate beneficiary if the beneficiary survives me (Grantee):

Name: Gracen Sierra Moore \ Myles Destrey Moore

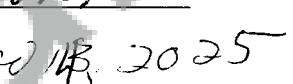
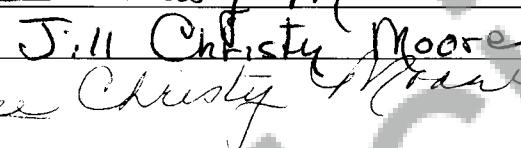
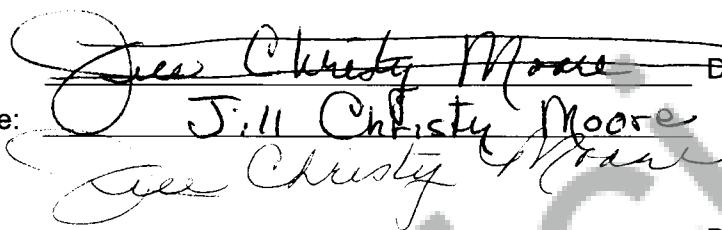
Address: 15531 Dencer Lane Merrill, Or 97633

TRANSFER ON DEATH

At my death, I transfer my interest in the described property to the beneficiaries as designated above. Before my death, I have the right to revoke this deed.

SPECIAL TERMS (OPTIONAL)**SIGNATURE OF THE OWNER OR OWNERS MAKING THIS DEED**

Signature:



Printed Name:

Signature:

Date: Nov 13, 2025Date: Nov 13, 2025

Printed Name:

CIAL STAMP
A L LAKE
UBLIC - ORE
ION NO. 106
FEBRUARY

Unofficial
Copy

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Oregon }
County of Klamath }

On November 14, 2025, before me, Loral Lake / MSP2 (insert name and title of the officer), personally appeared Jill Christy Moore (seller's name) who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within the Transfer on Death Deed and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of
Oregon that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public: Lora L. Lake
Print Name: Loral Lake
My Commission Expires: February 04, 2029

(seal)



GON
5002
M, 2029

43000

Warranty Deed Vol. 1884 Page 18994

This Indenture Witnesseth, That EDWARD W. SUNDERGELT and MARJORIE M. SUNDERGELT, husband and wife,

herein called grantor.s, in consideration of FIFTEEN THOUSAND AND NO/100 Dollars to them paid, have bargained and sold and by these presents do grant, bargain, sell and convey to

DEWEY RAY MOORE and JILL CHRISTY MOORE, husband and wife,

herein called grantees, their heirs and assigns forever, the following-described premises, situated in Klamath County, State of Oregon

All that portion of Lot 7, Section 20, Township 39 S., R. 9 E.W.M., lying on the Southerly side of the Lost River Diversion Canal, EXCEPTING THEREFROM those portions conveyed to the United States of America in Deed Book 26, Page 321, in Book 93, Page 297, and in Book 240, Page 177, all records of Klamath County, Oregon.
 SUBJECT TO: (1) Acreage and use limitations under provisions of the United States Statutes and regulations issued thereunder. Liens and assessments of Klamath Project and Klamath Irrigation District, and regulations, contracts, easements and water and irrigation rights in connection therewith.
 (2) Contracts, water rights, proceedings, taxes and assessments relating to the Klamath Improvement District and all rights of way for roads, ditches, canals and conduits.
 (3) Right of way, including the terms and provisions thereof, granted to Klamath County, State of Oregon, by instrument recorded February 15, 1926, in Deed Volume 69, Page 286, records of Klamath County, Oregon,

IN CONSIDERATION WHEREOF,
 KODAK PUBLIC RECORDS

together with all tenements, hereditaments and appurtenances hereunto belonging or pertaining, and all estate, right, title and interest in and to the same.

TO HAVE AND TO HOLD said premises unto grantees, their heirs and assigns forever. Said grantors do covenant to and with said grantees, their heirs and assigns, that they are the owners of said premises, being lawfully seized in fee simple thereof; that said premises are free from all encumbrances, except as stated above; and that they, and their heirs and representatives will warrant and defend the same from all lawful claims whatsoever.

The true and actual consideration for this transfer is \$15,000.00.

IN WITNESS WHEREOF, We have hereunto set our hands this 5th day of May, 1971.

Edward W. Sundergelt
Margorie M. Sundergelt

KLAMATH COUNTY

H. F. SMITH
 Attorney at Law
 538 Main Street
 Klamath Falls, Oregon

18842

CERTIFICATION OF VITAL RECORD

623001

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY
417218

1. Legal Name First Dewey	Middle Ray	Last Moore	Suffix	2. Death Date April 11, 2012
3. Sex Male	4. Age 70 years	5. Social Security Number	6. County of Death Klamath	
7. Birthdate August 12, 1941	8. Birthplace Potter, Arkansas	9. Decedent's Education 9th - 12th grade		
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 6590 Tingley Lane		14. City/Town Klamath Falls		
15. Residence County Klamath	16. State or Foreign Country Oregon	17. Zip Code + 4 97603-9327	18. Inside City Limits? Unknown	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Jill Christy Johnson		
21. Usual Occupation Timber Faller		22. Kind of Business/Industry Timber Industry		
23. Father's Name Clinton Moore		24. Mother's Name Prior to First Marriage Ethel Mae Simmons		
25. Informant's Name Jill Christy Moore	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 6590 Tingley Lane, Klamath Falls, OR 97603-9327	
29. Place of Death Decedent's Residence - Hospice		30. Facility Name		
31. Location of Death 6590 Tingley Lane		32. City/Town or Location of Death Klamath Falls	33. State Oregon	34. Zip Code + 4 97603-9327
35. Method of Disposition Cremation	36. Place of Disposition Pyramid Cremations	37. Location Klamath Falls, Oregon		
38. Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd		39. Date of Disposition TBD		
40. Funeral Director's Signature ►		41. OR License Number CO-3653		
42. Registrar's Signature ►		43. Date Received APR 12 2012	44. Local File Number 506	
45. Amendment				
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input 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 12:40pm
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>Non-smoker Lung cancer</i> → <i>2 months</i> Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓		
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"/> Pregnant at time of death <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 (mon 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) <i>None</i>				
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <i>David Dassoff, MD 1905 Main Street, Klamath Falls, Oregon 97601-2638</i>				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier Medical Doctor		65. License Number MD16850	66. Date Signed (mon dd yyyy) 4/12/12	
67. 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. ► <i>None</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. ► <i>None</i>		
69. Amendment				

45-2DP (01/06)

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 OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: **APR 12 2012**

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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR