

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:

Jill Christy Moore

Date:

Nov 13, 2025

Printed Name:

Jill Christy Moore

Jill Christy Moore

Nov 14, 2025

Signature:

Date:

Printed Name:

Unofficial Copy

DIAL STAMP
A L LAKE
UBLIC - ORE
ION NO. 108
: FEBRUARY

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 4, 2029

(seal)



GON
5662
14, 2029

43000

Warranty Deed

Vol. 1284 Page 18994

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

herein called grantors, 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 assess-
ments 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,

MA commission expires

NOTARY PUBLIC FOR OREGON

together with all tenements, hereditaments and appurtenances hereunto belonging or
appertaining, 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
8th day of June, 1971.

Edward W. Sundergelt
Marjorie M. Sundergelt

CERTIFICATION OF VITAL RECORD

623001

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

417218

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name First: <u>Dewey</u> Middle: <u>Ray</u> Last: <u>Moore</u> Suffix: _____			2. Death Date <u>April 11, 2012</u>	
3. Sex <u>Male</u>	4. Age <u>70 years</u>	5. Social Security Number [REDACTED]		6. County of Death <u>Klamath</u>
7. Birthdate <u>August 12, 1941</u>		8. Birthplace <u>Potter, Arkansas</u>		9. Decedent's Education <u>9th - 12th grade</u>
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>
13. Residence: Number and Street <u>6590 Tingley Lane</u>			14. City/Town <u>Klamath Falls</u>	
15. Residence County <u>Klamath</u>		16. State or Foreign Country <u>Oregon</u>		17. Zip Code + 4 <u>97603-9327</u>
18. Inside City Limits? <u>Unknown</u>		19. Marital Status at Time of Death <u>Married</u>		
20. Spouse's Name Prior to First Marriage <u>Jill Christy Johnson</u>		21. Usual Occupation <u>Timber Faller</u>		
22. Kind of Business/Industry <u>Timber Industry</u>		23. Father's Name <u>Clinton Moore</u>		
24. Mother's Name Prior to First Marriage <u>Ethel Mae Simmons</u>		25. Informant's Name <u>Jill Christy Moore</u>		
26. Telephone Number <u>Not Available</u>		27. Relationship to Decedent <u>Spouse</u>		28. Mailing Address <u>6590 Tingley Lane, Klamath Falls, OR 97603-9327</u>
29. Place of Death <u>Decedent's Residence - Hospice</u>		30. Facility Name		
31. Location of Death <u>6590 Tingley Lane</u>		32. City/Town or Location of Death <u>Klamath Falls</u>		33. State <u>Oregon</u>
34. Zip Code + 4 <u>97603-9327</u>		35. Method of Disposition <u>Cremation</u>		
36. Place of Disposition <u>Pyramid Cremations</u>		37. Location <u>Klamath Falls, Oregon</u>		
38. Name and Complete Address of Funeral Facility <u>Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601</u>				
39. Date of Disposition <u>TBD</u>		40. Funeral Director's Signature <u>Greg A. Heckman</u>		41. OR License Number <u>CO-3653</u>
42. Registrar's Signature <u>[Signature]</u>		43. Date Received <u>APR 12 2012</u>		44. Local File Number <u>506</u>
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

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 type="checkbox"/> No		49. Time of Death <u>12:40pm</u>	
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 →		IMMEDIATE CAUSE ↓ <u>Non-small cell lung cancer</u>				<u>2 months</u>	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓					
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓					
		Due to (or as a consequence of) ↓					
		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"/> 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 (month day year)		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) <u>David Dasso, MD 1905 Main Street, Klamath Falls, Oregon 97601-2638</u>							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier <u>Medical Doctor</u>		65. License Number <u>MD16850</u>		66. Date Signed (month day year) <u>4/12/12</u>			
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.				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 (01/06)

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

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

