



After recording return to:
Lisa Michelle Alexander
509 Ellis
Hughes Springs, TX 75656

Until a change is requested all tax
statements shall be sent to the
following address:
Lisa Michelle Alexander
509 Ellis
Hughes Springs, TX 75656

File No.: 7161-4338452 (lb)
Date: January 16, 2026

THIS SPACE RESERVED FOR RECORDER'S USE

"This document is executed in counterpart, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument."

STATUTORY BARGAIN AND SALE DEED

Lisa Alexander, Alana L. Duncan-Rose and Robert R. Duncan, Grantor, conveys to **Lisa Alexander and Alana Lea Duncan-Rose, Trustees of the Dorothy Faye Baldwin Revocable Living Trust**, Grantee, the following described real property:

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

Lot 2 in Block 2 of MAZAMA GARDENS, according to the Official Plat thereof on file in the Office of the county clerk of Klamath County, Oregon.

The true consideration for this conveyance is **\$0.00**. (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

APN: 546886

Bargain and Sale Deed
- continued

File No.: 7161-4338452 (1b)

Date: 01/16/2026

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 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 21 day of January, 2026.

[Redacted Signature]

Lisa Alexander

Alana L. Duncan-Rose

Robert R. Duncan

STATE OF Oregon)
)ss.
County of Klamath)

This instrument was acknowledged before me on this _____ day of _____, 20____ by **Alana L. Duncan-Rose**.

Signed in counterparts

Notary Public for Oregon
My commission expires:

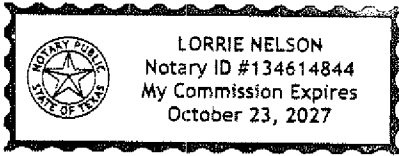
APN: 546886

Bargain and Sale Deed
- continued

File No.: 7161-4338452 (lb)
Date: 01/16/2026

STATE OF Texas)
County of ~~Morris~~ ^{CA} Cass) ss.

This instrument was acknowledged before me on this 21 day of January 2026,
20 by **Lisa Alexander**.



Lorrie Nelson
Notary Public for Texas
My commission expires: 10/23/2027

STATE OF Washington)
County of _____) ss.

This instrument was acknowledged before me on this _____ day of _____,
20____ by **Robert R. Duncan**.

Signed in counterparts
Notary Public for Washington
My commission expires:

After recording return to:

First American Title
1225 Crater Lake Ave #101
Medford OR 97504

File Number: 71614338452

Reserved for Recorder's Use

AFFIDAVIT OF HEIRSHIP AND INDEMNITY

This Affidavit of Heirship and Indemnity (this "Affidavit") is made this, by the undersigned heir(s) and/or devisee(s) of the referenced decedent, who having being duly sworn, hereby declare(s):

1. **Purpose.** This purpose of this Affidavit is to state the inheritance of certain real property.

2. **Decedent.** DOROTHY FAYE BALDWIN, referred to in this affidavit as the decedent, died on November 06, 2025 as a resident of the state of Oregon.

3. **Real Property of Decedent.** Immediately before death, decedent owned some interest in the following real property:

Lot 2 in Block 2 of MAZAMA GARDENS, according to the Official Plat thereof on file in the Office of the county clerk of Klamath County, Oregon.

4. **Last Will and Testament.** (Check One) [] Decedent died with a will and a complete and accurate copy is attached to this Affidavit. [X] Decedent died with no will.

5. **No Probate.** The estate of decedent has not been admitted to probate in any state.

6. **Devisees.** The devisees under decedent's will are as follows (if applicable):

1. Lisa Alexander, Daughter, 52 years of age;
2. Robert R. Duncan, Son, 51 years of age
3. Alana L. Duncan-Rose Daughter, 55 years of age

7. **Heirs at Law** (complete even if decedent had a will). Decedent's heirs at law, who would have inherited decedent's estate had decedent left no will or who have inherited decedent's estate because decedent left no will, are the following:

NAME AND ADDRESS	RELATIONSHIP	AGE
Lisa Alexander 509 Ellis 75056 Hughes Springs, TX	Daughter	52
Robert R. Duncan 22514 115th St + 600th East Bonnie, Lake, WA 98391	Son	51
Alana L. Duncan-Rose 918 Arundale St Klamath Falls OR 97603	Daughter	55

8. **Public Assistance.** Decedent (check one) ___ did [X] did not receive Medicaid or other type of public assistance (including public medical assistance). I am/we are not aware of any attempt by the Oregon Department of Human Services or the Oregon Health Authority to recoup any public assistance or cost of care received by decedent.

9. **Intestate Succession,** I am/we are familiar with the law of intestate succession for the state of Oregon and have made a complete list of decedent's heirs at law in Paragraph 7.

10. **Claims against Estate.** All claims against decedent's estate have been paid. No federal are due and the filing of a federal estate tax return is not required. No state inheritance taxes are due.

11. **Lien-and-Encumbrances,** There are no or encumbrances remaining unpaid that are or may become liens on the property described in Paragraph 3, other than those duly recorded in the county clerk's office of the county in which the property is situated.

12. **Purpose.** This Affidavit is for the purpose of inducing First American Title Insurance Company to allow next of kin, heir(s) or devisee(s) of decedent to clear the property in Paragraph 3 of the interest of decedent without the necessity of probate of decedent's estate.

13. **Reliance.** I/We intend for First American Title Insurance Company and other parties to rely on the truth of this Affidavit, including but not limited to parties who may rely on this Affidavit for a determination of the persons who inherited the property described in Paragraph 3.

14. **Indemnity.** I/We hereby agree to indemnify, defend and hold harmless First American Title Insurance Company from and against any and all liabilities, obligations, expenses, and costs (including, without limitation, legal fees or at trial and on appeal) arising from or out of the falsity or inaccuracy of any statement contained in this Affidavit.

Signatures of all heirs and devisees:


LISA ALEXANDER

Executed this 9th day of
January, 2026

ROBERT D. DUNCAN

Executed this ____ day of
January, 2026

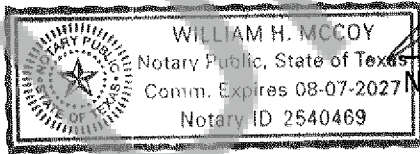


ALANA L. DUNCAN-ROSE

Executed this ____ day of
January, 2026

STATE OF TEXAS §
COUNTY OF MORRIS §

This Instrument was subscribed and sworn to before me on this 9th day of January
2026 by **LISA ALEXANDER**.





Notary Public, State of Texas

13. **Reliance.** I/We intend for First American Title Insurance Company and other parties to rely on the truth of this Affidavit, including but not limited to parties who may rely on this Affidavit for a determination of the persons who inherited the property described in Paragraph 3.

14. **Indemnity.** I/We hereby agree to indemnify, defend and hold harmless First American Title Insurance Company from and against any and all liabilities, obligations, expenses, and costs (including, without limitation, legal fees or at trial and on appeal) arising from or out of the falsity or inaccuracy of any statement contained in this Affidavit.

Signatures of all heirs and devisees:

[Redacted Signature]

LISA ALEXANDER
Executed this 9th day of
January, 2026

[Redacted Signature]

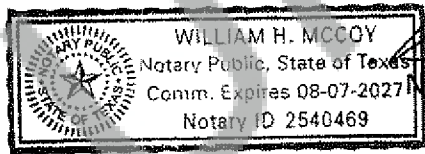
ROBERT D. DUNCAN
Executed this 19 day of
January, 2026



ALANA L. DUNCAN-ROSE
Executed this ____ day of
January, 2026

STATE OF TEXAS §
COUNTY OF MORRIS §

This Instrument was subscribed and sworn to before me on this 9th day of January 2026 by **LISA ALEXANDER**.



[Handwritten Signature]

Notary Public, State of Texas

13. **Reliance.** I/We intend for First American Title Insurance Company and other parties to rely on the truth of this Affidavit, including but not limited to parties who may rely on this Affidavit for a determination of the persons who inherited the property described in Paragraph 3.

14. **Indemnity.** I/We hereby agree to indemnify, defend and hold harmless First American Title Insurance Company from and against any and all liabilities, obligations, expenses, and costs (including, without limitation, legal fees or at trial and on appeal) arising from or out of the falsity or inaccuracy of any statement contained in this Affidavit.

Signatures of all heirs and devisees:

[REDACTED]
LISA ALEXANDER
Executed this 9th day of
January, 2026

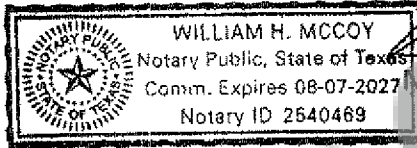
ROBERT D. DUNCAN
Executed this ____ day of
January, 2026



[REDACTED]
ALANA L. DUNCAN-ROSE
Executed this 21 day of
January, 2026

STATE OF TEXAS §
COUNTY OF MORRIS §

This Instrument was subscribed and sworn to before me on this 9th day of January 2026 by **LISA ALEXANDER.**



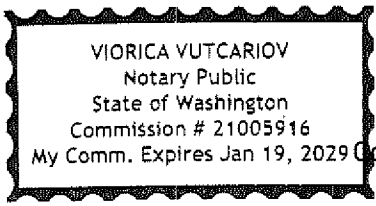
[Handwritten Signature]

Notary Public, State of Texas

Unofficial Copy

STATE OF WASHINGTON §
COUNTY OF Pierce §

This Instrument was subscribed and sworn to before me on this 19 day of January 2026 by **ROBERT R. DUNCAN.**



V. Vutcariov
Notary Public, State of Washington
Printed Name: Viorica Vutcariov
Commission Expires: JAN 19, 2029

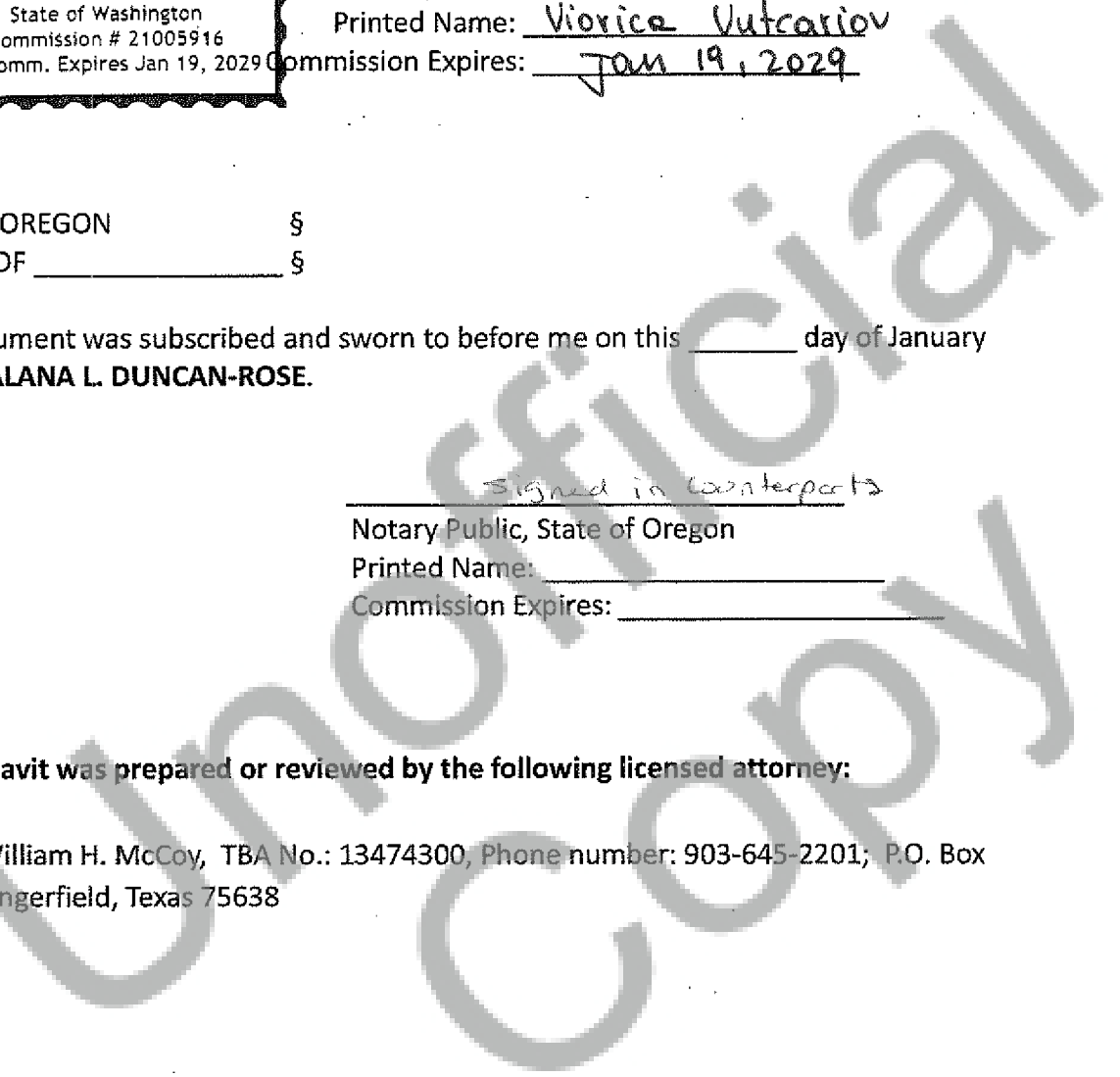
STATE OF OREGON §
COUNTY OF _____ §

This Instrument was subscribed and sworn to before me on this _____ day of January 2026 by **ALANA L. DUNCAN-ROSE.**

Signed in Counterparts
Notary Public, State of Oregon
Printed Name: _____
Commission Expires: _____

This Affidavit was prepared or reviewed by the following licensed attorney:

Name: William H. McCoy, TBA No.: 13474300, Phone number: 903-645-2201; P.O. Box 1070, Daingerfield, Texas 75638



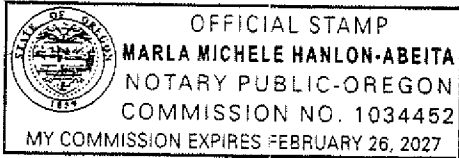
STATE OF WASHINGTON §
COUNTY OF _____ §

This Instrument was subscribed and sworn to before me on this _____ day of January 2026 by **ROBERT R. DUNCAN**.

Signed in Counterparts
Notary Public, State of Washington
Printed Name: _____
Commission Expires: _____

STATE OF OREGON §
COUNTY OF Klamath §

This Instrument was subscribed and sworn to before me on this 21 day of January 2026 by **ALANA L. DUNCAN-ROSE**.



Marla M
Notary Public, State of Oregon
Printed Name: MARLA MICHELE HANLON-ABEITA
Commission Expires: 2/26/2027

This Affidavit was prepared or reviewed by the following licensed attorney:

Name: William H. McCoy, TBA No.: 13474300, Phone number: 903-645-2201; P.O. Box 1070, Daingerfield, Texas 75638

Unofficial Copy

CERTIFICATION OF VITAL RECORDS

1149923
ID TAG NO

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2025-035043
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name Dorothy	First	Middle Faye	Last Baldwin	Suffix	Death Date November 06, 2025
Sex Female	Age 72 years	Social Security Number [REDACTED]		County of Death Klamath	
Birthdate February 18, 1953	Birthplace Bend, Oregon			Was Decedent Ever in U.S. Armed Forces? No	
Residence: 3909 Mazama Drive			City/Town Klamath Falls		
Residence County Klamath		State or Foreign Country Oregon		Zip Code + 4 97603	Inside City Limits? No
Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage Roy Ray Baldwin			
Father's Name John Arthur Thody			Mother's Name Prior to First Marriage Ila May Strode		
Informant's Name Lisa Alexander		Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address 509 Ellis, Hughes Springs, TX 75656	
Place of Death Licensed Assisted Living Facility		Facility Name Pelican Pointe Assisted Living Community			
Location of Death 615 Washburn Way		City/Town or Location of Death Klamath Falls		State Oregon	Zip Code + 4 97603
Method of Disposition Alkaline Hydrolysis		Place of Disposition Tranquility Aquamation		Location (City/Town and State) Klamath Falls, Oregon	
Name and Complete Address of Funeral Facility Cascade Cremation & Burial 1229 E Main Street, Klamath Falls, Oregon 97601					
Date of Disposition TBD	Funeral Director's Signature Gregory S Danton			Electronically Signed	OR License Number CO-3607
Registrar's Signature Jennifer A. Woodward		Date Received November 08, 2025		Local File Number	
Amendment					

45-2005 (01/05)



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.

November 10, 2025

DATE ISSUED

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

