



2026-004042  
 Klamath County, Oregon  
 05/07/2026 11:26:02 AM  
 Fee: \$97.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:  
 Matthew Panella  
 747 S. 11th St.  
 Grover Beach, CA 93433

Until a change is requested all tax statements shall be sent to the following address:  
 Matthew Panella  
 747 S. 11th St.  
 Grover Beach, CA 93433  
 File No. 1076879

**STATUTORY WARRANTY DEED**

Donald L.R. Estes, Grantor(s), hereby convey and warrant to

Matthew Panella,

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except as specifically set forth herein:

**Beginning at the most Easterly corner of Lot 4 of Block 1 of FIRST ADDITION to the City of Klamath falls, Oregon; thence Southwesterly along the Northeasterly line of Cook Street in said City, 52 feet; thence, Northwesterly at right angles to said Cook Street, 90 feet; thence, Northeasterly parallel with said Cook Street, 52 feet; thence, Southeasterly at right angles to said Cook Street, 90 feet to the place of beginning.**

**The true and actual consideration for this conveyance is \$80,000.00.**

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

Real property taxes due, if any, but not yet payable

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 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: 05/06/2026

[Redacted Signature]


Donald L.R. Estes

State of Virginia } ss  
County of Arlington County, Virginia

On this 6th day of May, 2026, before me, Sharon Hall, a Notary Public in and for said state, personally appeared Donald L.R. Estes, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged that he/she/they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

[Redacted Signature] 7907859  
Notary Public for the State of Virginia  
Residing at: Arlington County, Virginia  
Commission Expires: 10/31/2029

	<b>Sharon Hall</b>
	REGISTRATION NUMBER 7907859
	COMMISSION EXPIRES October 31, 2029

Notarized remotely online using communication technology via Proof.

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1058128  
I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

136-2024-000907  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name <b>Shirley Irene Estes</b>				Death Date <b>January 07, 2024</b>	
	Sex <b>Female</b>		Age <b>83 years</b>	Social Security Number [REDACTED]		County of Death <b>Klamath</b>
	Birthdate <b>December 31, 1940</b>		Birthplace <b>Klamath Falls, Oregon</b>			Was Decedent Ever in U.S. Armed Forces? <b>No</b>
	Residence: <b>713 Cook Street</b>				City/Town <b>Klamath Falls</b>	
	Residence County <b>Klamath</b>		State or Foreign Country <b>Oregon</b>		Zip Code + 4 <b>97601</b>	Inside City Limits? <b>Yes</b>
	Marital Status at Time of Death <b>Married</b>		Spouse's Name Prior to First Marriage <b>Donald Estes</b>			
	Father's Name <b>Homer Albert Stillwell</b>			Mother's Name Prior to First Marriage <b>Rhoda George</b>		
	Informant's Name <b>Evan Cacka</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Son-In-Law</b>	Mailing Address <b>21306 55th Avenue SE, Woodinville, WA 98072</b>	
	Place of Death <b>Hospital-Inpatient</b>			Facility Name <b>Sky Lakes Medical Center</b>		
	Location of Death <b>2865 Daggett Avenue</b>			City/Town or Location of Death <b>Klamath Falls</b>	State <b>Oregon</b>	Zip Code + 4 <b>97601</b>
	Method of Disposition <b>Cremation</b>		Place of Disposition <b>Pyramid Cremation Services, Inc.</b>		Location (City/Town and State) <b>Klamath Falls, Oregon</b>	
	Name and Complete Address of Funeral Facility <b>Klamath Cremations 3539 Avalon Street, Klamath Falls, Oregon 97603</b>					
	Date of Disposition <b>TBD</b>		Funeral Director's Signature <i>M. Jason Ward</i>		Electronically Signed <b>Signed</b>	OR License Number <b>CO-3678</b>
	Registrar's Signature <i>Jennifer A. Woodward</i>			Date Received <b>January 18, 2024</b>		Local File Number
	Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? <b>No</b>		Autopsy? <b>No</b>	Were autopsy findings available to complete the cause of death? <b>No</b>		Time of Death <b>1818</b>
	CAUSE OF DEATH					Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ <b>a. anorexia and malnutrition</b>					<b>weeks</b>
	Due to (or as a consequence of) ↓ <b>b. right breast cancer, invasive ductal carcinoma</b>					<b>months</b>
	Due to (or as a consequence of) ↓ <b>c.</b>					
	Due to (or as a consequence of) ↓ <b>d.</b>					
	Other significant conditions contributing to death <b>CKD, COPD, HFpEF, atrial fibrillation</b>					
	Manner of Death <b>Natural</b>		If Female <b>Not Applicable</b>		Did tobacco use contribute to death? <b>No</b>	
	Date of Injury	Time of Injury	Place of Injury			Injury at Work?
	Location of Injury					
Describe how injury occurred					If transportation injury, specify.	
Name and Address of Certifier <b>Holly Montjoy 2801 Daggett Avenue, Klamath Falls, Oregon 97601</b>						
Name and Title of Attending Physician if Other than Certifier					Date Signed <b>January 10, 2024</b>	
Medical Certifier <i>Holly Montjoy</i>		Electronically Signed <b>Signed</b>	Title of Certifier <b>M.D.</b>		License Number <b>MD158820</b>	
Amendment						

45-2CC (01/06)



**\*20240122180\***



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.

January 18, 2024

DATE ISSUED: \_\_\_\_\_

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



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE