

3229

RECORDING REQUESTED BY

KIMBER B. GODDARD

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN
BELOW, MAIL TAX STATEMENTS TO:NAME KIMBER B. GODDARDADDRESS LANGLOIS, MacDONALD & WEBSTERCITY & STATE 3620 American River Drive, Suite 105
Zip Sacramento, CA 95864on this 31st day of July A.D., 19 89
at 12:03 o'clock P.M. and duly recorded
in Vol. M89 of Deeds Page 13940
Evelyn Biehn County Clerk
By Quelene Miller Deputy.

Title Order No.

Escrow No.

Fee, \$8.00

GRANT DEED

The undersigned declares that the documentary transfer tax is \$ 0 and is
☐ computed on the full value of the interest or property conveyed, or is
☐ computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale. The land,
 tenements or realty is located in
☐ unincorporated area ☐ city of and

FOR ~~NO~~ NO CONSIDERATION, receipt of which is hereby acknowledged,

FRANK L. TOFELL, a single man

hereby GRANT(S) to

FRANK L. TOFELL, Trustee of The FRANK L. TOFELL 1989 REVOCABLE TRUST

the following described real property in the
county of Klamath

, state of Oregon

The Southeasterly 25 feet of Lot 16 and all of Lot 17 Except the Southeasterly
 47.5 feet thereof, in Winema Gardens, according to the official plat thereof
 on file in the office of the County Clerk of Klamath County, Oregon.

Dated

July 10, 1989Frank L. Tofell
FRANK L. TOFELLSTATE OF CALIFORNIA
COUNTY OF SACRAMENTO

} ss.

On this the 10th day of July 1989, before me the undersigned, a
Notary Public in and for said County and State, personally appeared FRANK L. TOFELL

_____, personally known
 to me or proved to me on the basis of satisfactory evidence to
 be the person ~~is~~ whose name is
 subscribed to the within instrument and acknowledged
 that he executed the same.

Layon M. Vincent
Signature of Notary

FOR NOTARY SEAL OR STAMP



Assessor's Parcel No.

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE.

Name

Street Address

City & State

LT117