45190

RECORDING REQUESTED BY

FLORENCE A. McCRACKEN

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME ⌐ FLORENCE A. McCRACKEN ¬

STREET ADDRESS 20049 HEMMINGWAY

CITY, STATE ZIP ⌊ CANOGA PARK, CA. 91306 ⌋

Title Order No.......................... Escrow No..........................

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this __21st__ day of __May__ A.D., 19 _92_
at __9:14__ o'clock __A__ M. and duly recorded
in Vol. __M92__ of __Deeds__ Page _11024_.
   Evelyn Biehn   County Clerk
   By _____
                         Deputy.

Fee, $30.00

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $____NONE____
☐ ____unincorporated area ☐ City of_____
Parcel No._____
☐ computed on full value of property conveyed, or
NO ☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR XXXXXXXXXX CONSIDERATION, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FLORENCE A. McCRACKEN, a single women, as her sole and separate
property,

hereby GRANT(S) to FLORENCE A. McCRACKEN, as trustee, of the
FLORENCE A. McCRACKEN 1992 TRUST; (created by Declaration of
Trust, dated, May 4, ,1992).

the following described real property in the
county of   KLAMATH   , state of XXXXXXX: OREGON:

LOT 20 of BLOCK 39 of the first addition to Klamath Forest Estates.

Subject to: Covenants conditions, restrictions, reservations,
rights, rights of way, and easements of record. This conveyance
is to a revocable trust created by the grantor and does not
constitute a change of ownership.

Dated __5-4-1992__

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.
On this __4th__ day of __May__, in the year
__1992__, before me, the undersigned, a Notary Public in
and for said County and State, personally appeared
__FLORENCE A. McCRACKEN__

personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person _____ whose name
____IS____ subscribed to the within instrument and
acknowledged that ____SHE____ executed the
same.

Signature Bonnie M. Sandoz

Bonnie M. Sandoz
Name (Typed or Printed)
Notary Public in and for said County and State

Florence A. McCracken
FLORENCE A. McCRACKEN

FOR NOTARY SEAL OR STAMP

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

Name	Street Address	City & State

1-101 10/84 PRINTCO