

84345

07-15-94A09:25 RCVD

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RECORDING REQUESTED BY

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

NAME Brenda & or Gwen Leavy
 STREET ADDRESS 20202 Cohasset #2
 CITY Winnetka, CA 91306
 STATE CA

Title Order No. _____ Escrow No. _____

STATE OF OREGON, ss.
 County of Klamath

Filed for record at request of:

Brenda Leavy

on this 15th day of July A.D., 19 94
 at 9:25 o'clock A M. and duly recorded
 in Vol. M94 of Deeds Page 21802
 Evelyn Biehn County Clerk
 By Danielle Mullendorp Deputy.

Fee, \$30.00

- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax.

Firm Name

GRANT DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Susan I. Martinez (name of grantor(s))have received six thousand dollars *****grant to Brenda and or Gwen Leavy (name of grantees)

all that real property situated in the City of _____

(or in an unincorporated area of) Klamath County, Oregon (name of County)

described as follows (insert legal description):

Klamath Falls Forest Estates Unit No.1 Highway 66
Block 22 Lots 26 & 27

Assessor's parcel No. _____

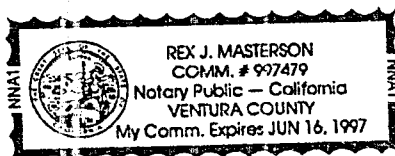
Executed on 7/8/94, 1994, at Westlake Village California (City and State)STATE OF California } ss.COUNTY OF Ventura }On 7-8-94 before me, REX J. MASTERSON (Name, title of officer, i.e., "Jane Doe, Notary Public")

NOTARY PUBLIC
 personally appeared SUSAN I. MARTINEZ

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Rex J. Masterson
 Signature



(Seal)

RIGHT THUMBPRINT (OPTIONAL)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

(1) INDIVIDUAL(S)

(1) CORPORATE

OFFICER(S) _____ (title(s))

(1) PARTNER(S)

(1) ATTORNEY IN FACT

(1) TRUSTEE(S)

(1) GUARDIAN/CONSERVATOR

(1) OTHER _____

SIGNER IS REPRESENTING: (NAME OF PERSON(S) OR ENTITY(ES))

MAIL TAX STATEMENTS TO

NAME

ADDRESS

ZIP

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GRANT DEEDJr 20
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