

09-08-94A11:14 RCVD

RECORDING REQUESTED BY

W.S. WHITE

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

NAME WHITE WALTER S & VERA V TR
 STREET ADDRESS 2127 SALEM AVE.
 CITY STATE SANTA ROSA, CA 95401
 ZIP

Title Order No. _____ Escrow No. _____

STATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

W.S. White

on this 8th day of Sept A.D., 19 94
 at 11:14 o'clock AM and duly recorded
 in Vol. M94 of Deeds Page 28265

Evelyn Biehn County Clerk

By Pauline Miller Deputy.

Fee, \$30.00

GRANT DEED

DOCUMENTARY TRANSFER TAX \$

- ☐ 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

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), W. S. WHITEgrant to WALTER S. WHITE AND VERA V. WHITE, TRUSTEES OF:grant to THE WHITE FAMILY LIVING TRUST (Created April 22, 1991)all that real property situated in the City of KLAMATH FALLS(or in an unincorporated area of) KLAMATH County, OREGON

described as follows (insert legal description):

LOT 479, BLOCK 114, Mills addition to the city of Klamath Falls,
 in the County of Klamath, State of Oregon.

Assessor's parcel No. Code 1 Map 3809-33AC TL 09000Executed on Aug. 31, 1994, at Santa Rosa, Calif.STATE OF CaliforniaCOUNTY OF SonomaOn Aug. 31, 94 before me, Karen J. Brown

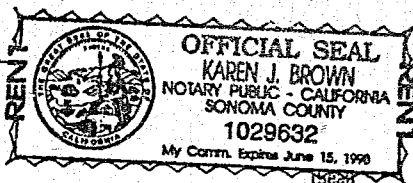
(Name, title of officer, i.e., "Jane Doe, Notary Public")

personally appeared W.S. White

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.

Karen J. Brown
 Signature

MAIL TAX
STATEMENTS TO

NAME

ADDRESS

ZIP

WOLCOTT'S FORM 778 - Rev 1-93 (Price class 3)
GRANT DEED

Before you use this form, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcott's makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

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RIGHT THUMBPRINT (OPTIONAL)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE
 OFFICER(S)
☐ PARTNER(S)
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER

SIGNER IS REPRESENTING:
NAME OF PERSON(S) ON BEHALF OF WHOM