

RECORDING REQUESTED BY

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

NAME  
STREET  
ADDRESS  
CITY  
STATE  
ZIPJames G. MANER  
PO Box 95  
SAN SIMON, CA 93452

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

James G. Maner

on this 20th day of Oct. A.D., 19 94  
at 1:38 o'clock A.M. and duly recorded  
in Vol. M94 of Deeds Page 32679

Evelyn Biehn County Clerk

By Doraine Mulendore

Fee, \$30.00

Deputy.

## GRANT DEED

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

Signature of Grantor or Agent Determining Tax

Firm Name

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We) Lorenzo R. Pace  
(name of grantor(s))grant to James G. Maner  
(name of grantee(s))

all that real property situated in the City of \_\_\_\_\_

(or in an unincorporated area of)

Klamath  
(name of County)County, Oregon

described as follows (insert legal description):

Klamath Falls Forest Estates Lot 2 Block 64,  
Unit 3

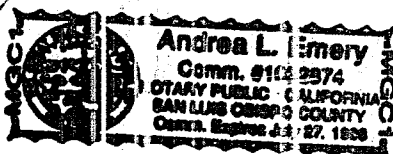
Assessor's parcel No. \_\_\_\_\_

Executed on 13 Oct. 1994 at Templeton, Calif. Corvina  
(City and State)STATE OF CaliforniaCOUNTY OF San Luis Obispo ss.On October 13, 1994 before me, ANDREA EMERY  
(Name, title of officer, i.e., "Jane Doe, Notary Public")NOTARY PUBLIC  
personally appeared LORENZO PACE

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.

Signature



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☐ OTHERSIGNER IS REPRESENTING:  
(NAME OF PERSON(S) OR ENTITY(ES))MAIL TAX  
STATEMENTS TO

NAME

(S:all)

ADDRESS

ZIP