

8538

11-02-95A11:30 RCVD

Vol. M95 Page 30088RECORDING REQUESTED BY  
**CALIFORNIA LAND TITLE CO. OF MARIN**When Recorded Mail to, and Unless Otherwise Shown Below,  
Mail Tax Statements To:

[ Tom Nowell ]

P O Box 216  
Sausalito, CA 94965  
[ ]Escrow or Title No. accomSTATE OF OREGON,  
County of Klamath SS.

Filed for record at request of:

on this 2nd day of November A.D., 19 95  
at 11:30 o'clock A M. and duly recorded  
in Vol. M95 of Deeds Page 30088

Bernetha G. Letsch County Clerk

By Annette Mueller

Fee, \$30.00

Deputy.

**GRANT DE**

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$

- ( ) computed on full value of property conveyed, or  
 ( ) computed on full value less value of liens and encumbrances  
 remaining at time of sale  
 ( ) unincorporated area ( )

Parcel No.  
Tax Code Area:FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
AMERICAN/WEST ENTERPRISES, INC., a California corporation

hereby GRANT(S) to

TOM NOWELL, a widower

the following described real property in the State of ~~CALIFORNIA~~ Oregon  
County of Klamath  
E 1/2 NE 1/4 NE 1/4 of Section 35, Township 35 South, Range 11 East of the Willamette  
Meridian.

STATE OF CALIFORNIA

COUNTY OF Marin

} SS

Dated: October 5, 1995On October 5, 1995, before me, the undersigned, a  
Notary Public in and for said County and State, personally appearedTom NowellAmerican/West Enterprises, Inc.,  
a California corporationBY: Tom Nowellpersonally know 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

Patty Bennett

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE: IF NO PARTY IS SHOWN, MAIL AS DIRECTED ABOVE

NAME

STREET ADDRESS

CITY &amp; STATE

30.00  
Ck