

32455

Vol. 1197 Page 3676

RECORDING REQUESTED BY

St. Vincent de Paul Society

'97 FEB -6 P2:07

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

NAME

STREET  
ADDRESSCITY, STATE &  
ZIP CODE

TITLE ORDER NO. \_\_\_\_\_ ESCROW NO. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## 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), JOHN GRAVILL SOWERS

(NAME OF GRANTOR(S))

grant to the Particular Council of the St. Vincent de Paul Society of San Francisco

(NAME OF GRANTEE(S))

all that real property situated in the City of KLAMATH FALLSKLAMATH COUNTY

(NAME OF COUNTY)

County, OREGON

(STATE)

(or in an unincorporated area of)

M-67, PAGE 3983 LOT 17, BLOCK 4, KLAMATH PARCEL ESTATESAssessor's parcel No. R-3510-61480-01500-000Executed on December 30, 1996, at SAN FRANCISCO, CALIFORNIA

(CITY AND STATE)

STATE OF CaliforniaCOUNTY OF San FranciscoOn 12/30/96 before me, Nahced Mohiuddin

(NAME/TITLE I.E. "JANE DOE, NOTARY PUBLIC")

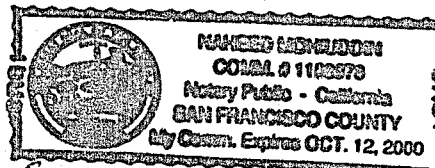
personally appeared John Gravill Sowers personally known to me  
 (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed  
 to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their  
 authorized capacity(ies), 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.

Nahced Mohiuddin

(SIGNATURE OF NOTARY)

(SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)  
☐ CORPORATE  
☐ OFFICER(S)

(TITLES)

- ☐ PARTNER(S) ☐ LIMITED  
☐ ATTORNEY IN FACT ☐ GENERAL  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER:

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))

RET:

MAIL TAX

STATEMENTS TO:

St. Vincent de Paul Society  
425 Fourth Street Room 103  
San Francisco, California 94107

Before you use this form, 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. Wolcotts makes no  
 representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended  
 use or purpose.

WOLCOTTS FORM 778 - Rev. 3-94b (price class 3A)  
 GRANT DEED ©1994 WOLCOTTS FORMS, INC.



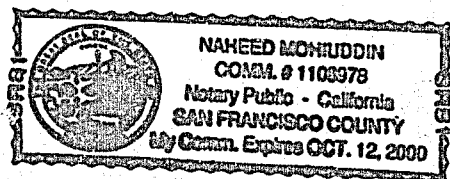
3677

State of California  
 County of San Francisco

On 12/30/96 before me, Naheed Mohiuddin  
(DATE) (NAME/TITLE OF OFFICER-i.e., "JANE DOE, NOTARY PUBLIC")  
 personally appeared James Anthony Vantis  
(NAME(S) OF SIGNER(S))

☐ 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.

(SEAL)

Naheed Mohiuddin  
(SIGNATURE OF NOTARY)

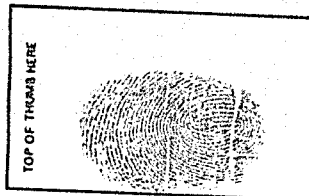
#### ATTENTION NOTARY

The information requested below and in the column to the right is OPTIONAL. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE  
 MUST BE ATTACHED  
 TO THE DOCUMENT  
 DESCRIBED AT RIGHT:

Title or Type of Document Grant Deed  
 Number of Pages 1 Date of Document 12/30/96  
 Signer(s) Other Than Named Above John Gravit Sowers

RIGHT THUMBPRINT (Optional)

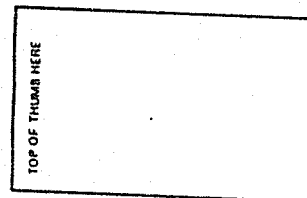


CAPACITY CLAIMED BY SIGNER(S)  
☐ INDIVIDUAL(S)  
☐ CORPORATE

OFFICER(S) \_\_\_\_\_  
(TITLE(S))  
☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY IN FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
 (Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
☐ INDIVIDUAL(S)  
☐ CORPORATE

OFFICER(S) \_\_\_\_\_  
(TITLE(S))  
☐ PARTNER(S) ☐ LIMITED  
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☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
 (Name of Person(s) or Entity(ies))

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 ALL PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY/REPRESENTATION/TWO FINGERPRINTS

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of St. Vincent de Paul the 6th day  
 of February A.D., 19 97 at 2:07 o'clock P. M., and duly recorded in Vol. M97  
 of Deed on Page 3676

FEE \$35.00

by Bernetha G. Letsch County Clerk  
Kathleen Ross