

35666

Vol. M97 Page 10457STATE OF OREGON,  
County of Klamath ss.

RECORDING REQUESTED BY

Filed for record at request of:

AND WHEN RECORDED MAIL TO

Joannell Hufschmid

NAME  
STREET ADDRESS  
CITY STATE ZIP  
Douglas S. Hufschmid  
P.O. Box 3525  
Santa Barbara, Ca. 93130on this 9th day of April A.D., 1997  
at 9:57 o'clock A. M. and duly recorded  
in Vol. M97 of Deeds Page 10457

Bernetha G. Letsch, County Clerk

By Kathleen Ross

Fee, \$30.00

Deputy.

## DEED OF GIFT

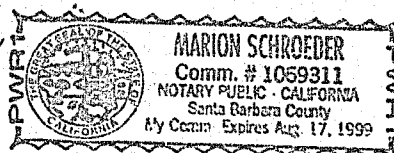
JOANELL HUF SCHMID

, THE UNDERSIGNED GRANTOR, DECLARE S:

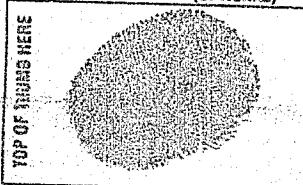
For and in consideration of the love and affection which Grantor has and bears unto DOUGLAS S. HUF SCHMID ("Grantee"), and also for the better support, maintenance, protection, and livelihood of said Grantee, does hereby grant to Grantee, and to his heirs and assigns the following described real property in the County of KLAMATH, State of OREGON:THAT CERTAIN PROPERTY DESCRIBED AS KLAMATH FALLS FOREST ESTATES  
HWY 66 PLAT #2, BLOCK 50, LOT 25, MAP #R-3811-014B0-01000-000.Assessor's parcel number R-3811-014B0-01000-000Dated January 30, 1997Joannell HufschmidSTATE OF CaliforniaCOUNTY OF Santa BarbaraOn 1/30/97 before me, Marion Schroeder,  
(Name, title of officer-i.e., "Jane Doe, Notary Public")Notary Public,  
personally appeared Joannell Hufschmid

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.

Marion Schroeder  
Signature

RIGHT THUMBPRINT (OPTIONAL)



CAPACITY CLAIMED BY SIGNER(S)

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

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

MAIL TAX

STATEMENTS TO

Douglas S. Hufschmid, P. O. Box 3525, Santa Barbara CA 93130

NAME

ADDRESS

ZIP

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67775 33774 7