

35667

Vol. M97 Page 10458STATE OF OREGON,  
County of Klamath ss.

RECORDING REQUESTED BY

Filed for record at request of:

AND WHEN RECORDED MAIL TO

Joanell HufschmidNAME  
STREET  
ADDRESS  
CITY,  
STATE  
ZIPDouglas 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 10458

Bernetha G. Letsch, County Clerk

By Kathleen Ross

Fee, \$30.00

Deputy

## DEED OF GIFT

JOANELL HUFSCHMID

THE UNDERSIGNED GRANTOR, DECLARES:

For and in consideration of the love and affection which Grantor has and bears untoDOUGLAS S. HUFSCHMID

("Grantee"), and also for the better support,

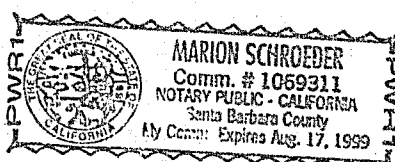
maintenance, protection, and livelihood of said Grantee, do hereby grant to Grantee, and to his heirs andassigns the following described real property in the County of KLAMATH State of OREGON:THAT CERTAIN PROPERTY DESCRIBED AS KLAMATH FALLS  
FOREST ESTATES HWY 66 PLAT #2, BLOCK 50, LOT 24,  
MAP #R-3811-014B0-00900-000.Assessor's parcel number R-3811-014B0-00900-000Dated January 30, 1997Joanell HufschmidSTATE OF CaliforniaCOUNTY OF Santa Barbara } ss.On 1/30/97 before me, Marion Schroeder,  
(Name, title of officer i.e., "Jane Doe, Notary Public")

Notary Public,

personally appeared Joanell 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)

TOP OF THUMB HERE



## 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

30

67775 33774 7