

58554

RECORDING REQUESTED BY

'98 MAY 21 P1:02

Vol. M98 Page 17307

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

NAME Shahmard M. Ghorbani  
 STREET ADDRESS 11469 Rothschild Pl  
 CITY, STATE & ZIP CODE Dublin, CA. 94568  
 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),

MICHAEL HOCH

(NAME OF GRANTOR(S))

grant to Shahmard M. Ghorbani and Gabriela Barba

(NAME OF GRANTEE(S))

all that real property situated in the City of

KLAMATH

County, OREGON

(STATE)

(or in an unincorporated area of)

(NAME OF COUNTY)

described as follows (insert legal description):

LOT 6, BLOCK 9, OREGON PINES SITUATED IN SECTION 9, TOWNSHIP 35 SOUTH, RANGE  
 11 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

SUBJECT TO COVENANTS, CONDITIONS, RESERVATIONS, EASEMENTS, RESTRICTIONS,  
 RIGHTS, RIGHTS OF WAY AND ALL MATTERS APPEARING OF RECORD..

Assessor's parcel No. R 3511-009D-00800Executed on OCTOBER 2, 1997, RIVERSIDE, CALIFORNIA

(CITY AND STATE)

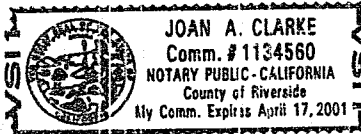
STATE OF CALIFORNIACOUNTY OF RIVERSIDEOn 10-2-97 before me, JOAN A. CLARKE, NOTARY PUBLIC

(NAME/TITLE, J. &amp; J. JANE DOE, NOTARY PUBLIC)

personally appeared MICHAEL HOCH 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.

Joan A. Clarke  
 (SIGNATURE OF NOTARY) (SEAL)



RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE

OFFICER(S)

(TITLE)

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

SIGNER IS REPRESENTING:

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

## MAIL TAX

STATEMENTS TO: \_\_\_\_\_

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 77E Rev. 3-94b (price class 3A)

GRANT DEED ©1994 WOLCOTTS FORMS, INC.



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shahmard M. Ghorbani the 21st day  
 of May A.D., 19 98 at 1:02 o'clock P.M., and duly recorded in Vol. M98  
 of Deeds on Page 17307

FEE \$30.00

By Bernetha G. Leisch, County Clerk  
Kathleen Rose