

Daniel E. and Carol L. Wheeler

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

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Name Daniel E. and Carol L. Wheeler

Street Address P.O. Box 989

City & State Zip  
Oakhurst, CA 93644

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

T 355 Legal (2-94)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX IS \$ 0☐ unincorporated area ☐ City of \_\_\_\_\_

Parcel No. \_\_\_\_\_

☐ computed on full value of interest or property conveyed, or☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
Daniel and Carol Wheeler as Trustees under the DANIEL and CAROL  
WHEELER FAMILY TRUST - 1987  
hereby GRANT(S) to

DANIEL E. WHEELER and CAROL L. WHEELER, CO-TRUSTEES OF THE  
WHEELER FAMILY TRUST, 1999

the following described real property in the

county of Klamath,

state of

Oregon:

Block 31, Lot 87 of the 4th addition to Nimrod River Park as shown on map in  
Official Records of said county.

Subject to all conditions, covenants, reservations, restrictions, rights and rights of  
way of record, official records of said county and state.

Dated 4-23-99STATE OF CALIFORNIA Wa  
COUNTY OF San Juan } S.S.On April 23, 1999 before me,Kyle S. Richardsch

a Notary Public in and for said County and State, personally appeared

Daniel E. Wheeler  
Carol L. Wheeler

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

Signature Kyle S. Richardsch

(This area for official notarial seal)

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

Name

Street Address

City &amp; State

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

38367

State of Washington  
County of San Juan

State of Oregon, County of Klamath  
Recorded 9/28/99, at 9:12 a. m.  
In Vol. M99 Page 38366  
Linda Smith,  
County Clerk Fee \$ 35.00

On April 23, 1999 before me, Jill L. Richardson, Notary  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Daniel E Wheeler & Carol L. Wheeler  
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.

Jill L. Richardson  
Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_