

RECORDING REQUESTED BY

Vol M00 Page 4120

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

NAME Dale A. Dawson  
 STREET ADDRESS P.O. Box 366  
 CITY, STATE & ZIP CODE Friant, CA 93626  
 TITLE ORDER NO. \_\_\_\_\_ ESCROW NO. \_\_\_\_\_

State of Oregon, County of Klamath  
 Recorded 2/08/00, at 2:44 p.m.  
 In Vol. M00 Page 4120  
**Linda Smith,**  
 County Clerk Fee \$ 21<sup>00</sup>

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), Richard and Debbie Bryant

(NAME OF GRANTOR(S))

grant to Dale A. Dawson

all that real property situated in the City of Klamath (NAME OF GRANTEE(S))  
Klamath County, Oregon (or in an unincorporated area of)  
 (NAME OF COUNTY) (STATE) described as follows (insert legal description):

Lot #23 Block #21 of Klamath Falls Forest Estates  
 Highway 66 Unit 1/Code #036  
 Map Tax Lot R3711028D000800000

Assessor's parcel No. R398634

Executed on Dec. 13, 1999 at Clavis, Ca 93612  
 (CITY AND STATE)  
Debbie Bryant 12/13/99  
Richard Bryant 12-13-99

STATE OF CALIFORNIACOUNTY OF FRESNOOn 12/13/99 before me, MANDEEP KAUR NOTARY PUBLIC

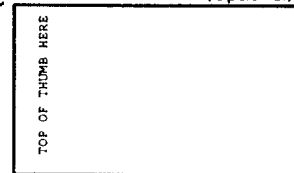
personally appeared RICHARD LEE BRYANT & DEBBIE LYNN BRYANT (NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")  
 (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in 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.

Mandeep Kaur  
 (SIGNATURE OF NOTARY) (SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

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

- (TITLES)  
☒ PARTNER(S) ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY IN FACT  
☐ 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.

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