

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

NAME Chris Meyers
STREET ADDRESS 2034 Ward St
CITY, STATE & ZIP CODE Klamath Falls, OR 97603
TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
Recorded 2/28/00, at 1:41 m.
In Vol. M00 Page 6074
Linda Smith,
County Clerk Fee \$ 21.00

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 Christopher A Meyers

(NAME OF GRANTEE(S))

all that real property situated in the City of _____ (or in an unincorporated area of)

KLAMATH

(NAME OF COUNTY)

County, OREGON

(STATE)

described as follows (insert legal description):

LOT 13, BLOCK 33, OREGON PINES SITUATED IN SECTION 11, 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-3511-011D0-05000

Executed on 3/7, 97, at Napa, CA

(CITY AND STATE)

STATE OF CACOUNTY OF Napa

On 3/7/97 before me, Joe Anna D. Llamas

(NAME, TITLE, & DATE, 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) 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.

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

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

