

200 MAR 14 AM 9:21

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

NAME Sharon Stommel
 STREET ADDRESS 7738 Mayhews Landing Road
 CITY, STATE & ZIP CODE Newark, CA 94560
 TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
 Recorded 3/14/00, at 9:21 a m.
 In Vol. M00 Page 8200
 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),

Stommel Family Trust

Dated Feb 3rd 1993

(NAME OF GRANTOR(S))

grant to Stacy Stommel and Sharon Stommel

(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):

ALL THE REAL PROPERTY SITUATED IN THE, COUNTY OF KLAMATH, STATE OF OREGON, DESCRIBED AS FOLLOWS

Block 31 Lot 53, of 4 addition to Nimrod River Park

Assessor's parcel No. 3610-012B-01500

Executed on Dec. 16, 1999, at Fremont Calif.

(CITY AND STATE)

STATE OF California

COUNTY OF Alameda

On Dec 16, 1999 before me, Tammie Allison, Notary Public

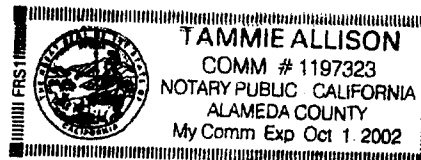
RIGHT THUMBPRINT (Optional)

personally appeared Sharon Stommel & Stacy Stommel 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.

Tammie Allison
 (SIGNATURE OF NOTARY)

(SEAL)



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.

