STREET ADDRESS CITY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO: NAME Morgan Meyer 1714 Watson Ave.

Torrance

STATE Ca.

**(**90650**)** 9050 State of Oregon, County of Klamath Recorded 3/27/00, at  $2.37\rho$ In Vol. M00 Page Linda Smith, Fee\$

County Clerk Title Order No. Escrow No. SPACE ABOVE THIS LINE FOR RECORDER'S USE **DOCUMENTARY TRANSFER TAX \$** GRANT DEED □ 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 TAXAL FIRM NAME FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Flood Thomas P. .and Jill (Name or GRANTOR(S)) husband and wife grant to Morgan Meyer (NAME OF GRANTEES) (or in an unincorporated area of) Klamath County County, State of Oregon , described as follows (insert legal description): South 2 of Government lot 4 in Section 4, Township 37 South, Range 12 East, W.M. 21.9 Acres (Twentyone .29) This conveyance is made subject to easements, rights of way of record and those apparent upon the land. R3712-00400-00500-000 Assessor's parcel No.

personally appeared

personally knewn to me (or proved to me on the basis of satisfactory exidence) to be the person(s) whose name(s) fa/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.

F 1000

MAIL TAX STATEMENT TO: Morgan Meyer

KOUMIS S. BOOSALIS Commission # 1198091 Notary Public - California Los Angeles County My Comm. Spires Oct 10, 2002

1714 Watson Ave.

Torrance, CA 90501

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.

THUMBERIN' (Cyclonal)	(  }  !}(
	7. T.
	THUMBOTHY (Special)

	(S) 1-123
CAPACITY CLAIR	MED BY SIGNER(S)
MINDIVIDUAL(S)	
LI CORPORATE_	

**OFFICERS** 

☐ PARTNER(S)

(TITLES) **D** LIMITED **GENERAL** 

ATTORNEY IN FACT ☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR ☐ OTHER

SIGNER IS REPRESENTING: (NAME OF PERSON(S) OR ENTITY(IES)):