

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

NAME Robyn Raquel Price
 STREET ADDRESS 1064 Bush Street
 CITY Martinez, CA 94553
 STATE CA
 ZIP 94553

Title Order No. _____ Escrow No. _____

State of Oregon, County of Klamath
 Recorded 04/24/01, at 8:32 a m.
 In Vol. M01 Page 18104
 Linda Smith,
 County Clerk Fee\$ 21⁰⁰

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 A. MULLIGAN and LORETTA I. MULLIGAN
(NAME OF GRANTOR(S))

grant to ARTHUR FRANCIS PRICE, GLENN LEO PRICE, and COLLEEN MARIE REKER, as tenants in common
(NAME OF GRANTEE(S))

all that real property situated in the City of _____ (or in an unincorporated area of)
Klamath County, State of Oregon, described as follows (insert legal description):

Lot 29, Block 30, Nimrod River Park, 4th Addition, Klamath County, Oregon

Assessor's parcel No. R330243

Executed on April 11, 2001, at Martinez, California
(CITY AND STATE)

STATE OF California
 COUNTY OF Contra Costa

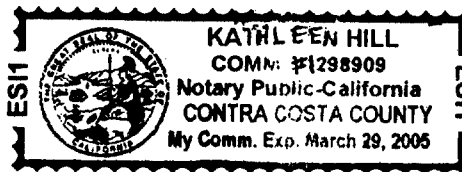
Michael A. Mulligan
Loretta I. Mulligan

On 4/11/01 before me, Kathleen Hill, Notary Public

personally appeared Michael A. Mulligan and Loretta I. Mulligan
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

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.



Kathleen Hill
(SIGNATURE)

(SEAL)

MAIL TAX STATEMENT TO: Robyn Raquel Price, 1064 Bush Street,
Martinez, CA 94553

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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RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)
☒ INDIVIDUAL(S)
☐ CORPORATE

OFFICERS (TITLES)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER

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