

NN

Re: Dagmawi W. Andom
1395 N. Citrus Ave. #236
Corvina, CA 91722

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ESTATE OF DECEASED
FILOMENA C. POWERS

STATE OF OREGON,
County of _____ } ss.

First Party's Name and Address
DAGMAWI W. ANDOM
17143 E. FRANCISQUITO AV.
WEST COVINA, CA. 91791

I certify that the within instrument was
received for recording on _____,
at _____ o'clock _____ M., and recorded in
book/reel/volume No. _____ on page _____
and/or as fee/file/instrument/microfilm/reception
No. _____, Records of this County.

Second Party's Name and Address
After recording, return to (Name, Address, Zip):
DAGMAWI W. ANDOM
17143 E. FRANCISQUITO AV.
WEST COVINA, CA. 91791

SPACE RESERVED
FOR
RECORDER'S USE

Witness my hand and seal of County affixed.

Until requested otherwise, send all tax statements to (Name, Address, Zip):

NAME _____ TITLE _____

By _____, Deputy.

See above
SAME AS ABOVE
17143 E. FRANCISQUITO AV.
WEST COVINA, CA 91791

AFFIANT'S DEED

THIS INDENTURE dated APRIL 2001, by and between
DAGMAWI W. ANDOM
the affiant named in the duly filed affidavit concerning the small estate of FILOMENA C. POWERS,
and DAGMAWI W. ANDOM - SAME -, deceased, hereinafter called the first party,
hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of KLAMATH, State of Oregon, described as follows, to-wit:

MAP TAX LOT : R-3509-023DO-04200-000
LEGAL: KLAMATH COUNTRY, BLOCK 8, LOT 8
VACANT LOT.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ _____. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. (The sentence between the symbols ®, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dagmawi Andom

Affiant

FOR STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____,

by _____,

This instrument was acknowledged before me on _____,

by _____,

as _____,

of _____,

For [Signature] Notary
Notary Public for ~~Oregon~~ CALIFORNIA
My commission expires Jan 20, 2005

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Los Angeles

} ss.

On April 16, 2001

Date

, before me, Liz RiveraNotary

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Dagmawit W. Andom

Name(s) of Signer(s)

☐ personally known to me☒ 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.

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

☐ Individual☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**
Top of thumb here

State of Oregon, County of Klamath

Recorded 04/24/01, at 4:54 a.m.In Vol. M01 Page 18/24

Linda Smith,

County Clerk Fee \$ 26⁰⁰ - 5⁰⁰ pa