

RECORDING REQUESTED BY
STEVEN G. BALLARD
ATTORNEY AT LAW

Vol M02 Page 30015

State of Oregon, County of Klamath
Recorded 05/21/2002 9:28 a. m.
Vol M02, Pg 30015
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 1

02 MAY 21 AM 9:28

AND WHEN RECORDED MAIL TO:

Name STEVEN G. BALLARD
Street Address 10015 ALTA SIERRA DR. #3
City GRASS VALLEY, CA. 95949
State
Zip

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

GD 864 ID

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:

Documentary transfer tax is \$ NONE - TRANSFER TO A REVOCABLE TRUST

- ☐ Computed on full value of property conveyed, or
☐ Computed on full value less value of liens and encumbrances remaining at time of sale.
☐ Unincorporated area: ☐ City of _____, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
ROY A. LOKNA

hereby GRANT(S) to

ROY A. LOKNA and SONJA M. LOKNA as co-trustees of the LOKNA FAMILY
TRUST dated September 23, 2001.
the following described real property in the County of KLAMATH, State of OREGON

AN UNDIVIDED ONE-HALF INTEREST IN AND TO:
Section 33, Northwest 1/4 Southwest 1/2, excepting the South 1/2
Northwest 1/4, Southwest 1/4, Township 36 South, Range 12 East,
Willmette, Meridian, City of Beatty.

Dated September 23, 2001

State of California
County of NEVADA

ROY A. LOKNA

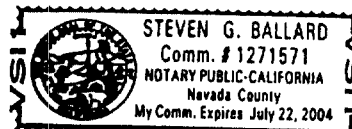
On September 23, 2001
before me, STEVEN G. BALLARD

personally appeared ROY A. LOKNA

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.

Signature [Signature]



Title Order No. _____ Escrow, Loan or Attorney File No. _____

MAIL TAX

STATEMENTS TO: Do not change present mailing address
NAME ADDRESS CITY, STATE, ZIP