

RECORDING REQUESTED BY

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

NAME CAROL MICHELLE HEER
STREET ADDRESS 4849 SAN FRANCISCO DR # 27
CITY, STATE & ZIP CODE SALEM OR 97305
TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
Recorded 06/04/2002 9:26 a m.
Vol M02, Pg 32737
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 1

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 HOCH

(NAME OF GRANTOR(S))

grant to CAROL MICHELLE HEER

(NAME OF GRANTEE(S))

all that real property situated in the City of KLAMATH

(NAME OF COUNTY)

County, OREGON

(STATE)

(or in an unincorporated area of) _____ described as follows (insert legal description):

LT 1, BLK 74, 6TH ADDN TO NIMROD RIVER PARK 1.66 AC

SUBJECT TO COVENANTS, CONDITIONS, RESERVATIONS, EASEMENTS, RESTRICTIONS, RIGHTS, RIGHTS OF WAY AND ALL MATTERS APPEARING OF RECORD.

Assessor's parcel No. R-3611-007A0-01100

Executed on DECEMBER 29, 1998 at RIVERSIDE, CALIFORNIA

(CITY AND STATE)

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

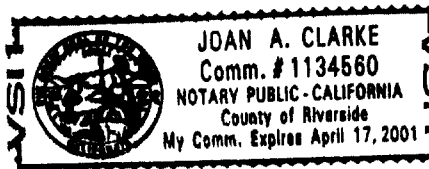
On 12/29/98 before me, Joan A. Clarke, Notary Public

personally appeared Michael K. Hoch 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.

Joan A. Clarke
(SIGNATURE OF NOTARY)

(SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S)
☐ PARTNER(S)
☐ 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.

