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2 NOV 20 PM1:15	VolM02_		<u> </u>
Sylvester William Buttler		STATE OF OREGON,	ss.
Déceased			
First Party's Name and Address		r	
Arlenem Buttler and Kebecca K Collins assi Montelius St		a	
KIAMATH FAIIS, OR 971601 Second Party's Name and Address		t	
Second Party's Name and Address After recording, return to (Name, Address, Zip):	SPACE RESERVED FOR	8 1	
Arlene M. Buttler	RECORDER'S USE	ı	
2551 Montelius St.			
Klamath Falls, of 97(6) Until requested otherwise, send all tax statements to (Name, Address, Zip):		State of Oregon, County o	
Ariene m. Buttler		Recorded 11/20/2002 1:1/ Vol M02, Pg 67952 -	25 Pm.
2551 Montelius St.		Linda Smith, County Clerk	puty.
Klamath Fails, OR 971001		Fee \$ 3/00 # of Pgs	3
	AFFIANT'S DEED		
THIS INDENTURE dated _ November_3			by and between
Arlene mae Buttler	·		
the affiant named in the duly filed affidavit concerning	ing the small esta	ate of Sylvester will	liam
and Arlene M. Buttler an	d Behen	deceased, hereinafter	called the first party,
hereinafter called the second party; WITNESSETH:		apoegumus aka dalah dalah de de de ana ana ana	,
For value received and the consideration hereinaf			-
these presents does grant, bargain, sell and convey unto estate, right and interest of the estate of the deceased, whe			
erty situated in the County ofKlamath			mat certain rear prop-
1 - 1 (312) OF 1	nasitas		
Lot No. Thirty-six (36) of (Casina		
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•	IENT, CONTINUE DESCRIF	•	
TO HAVE AND TO HOLD the same unto the forever.	second party, and	second party's heirs, successors-in	i-interest and assigns
The true and actual consideration paid for this tra	ansfer, stated in ter	ms of dollars, is \$	[®] However, the
actual consideration consists of or includes other propert			the whole (indicate
which) consideration. [©] (The sentence between the symbols [©] , if n IN WITNESS WHEREOF, the first party has exe			t has caused its name
to be signed and its seal, if any, affixed by an officer or of	other person duly a	uthorized to do so by order of its b	
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESC	RIBED IN	new Buller	•
THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS A ULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE		ment since	
ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THI PRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROV	E APPRO-		
AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OF PRACTICES AS DEFINED IN ORS 30.930.	R FOREST		
PRACTICES AS DEFINED IN ONS 30.300.			Affiant
STATE OF OREGON, Count	y of Klamath) ss.	
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OFFICIAL SEAL	Va	hunt X	
OFFICIAL SEAL JEREMIAH M. LONG		ublic for oregon nission expires 10. March 2006	
NOTARY PUBLIC-OREGON COMMISSION NO. 35533	iviy comi	meann cybres Thy the transfer	
MY COMMISSION EXPIRES MAR. 10, 2006			

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FORM NO. 1406-A - SMALL ESTATE AFFIDAVIT, TESTATE ESTATE.	C	COPYRIGHT 2002	STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204
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(4) No application or petition for the appointment of a personal representative has been granted in Oregon.

(5) The decedent died testate, and the decedent's will is attached to this affidavit.

(6) Decedent's heirs, and the last address of each as known to affiant, are:

Name

Last Known Address

Arlene Mae Buttler

2551 Montelius St., Klamath Falls, OR 97601

A copy of decedent's will and a copy of this affidavit showing the date of filing will be delivered to each heir or mailed to each heir at the heir's last known address stated above.

Personal Property Description

(/) Decedent's devi	sees, and the last	address of each as know	n to affiant, are:		67254
Arlene Mae But	Name tler			Last Known Address lius St., Kla	math Falls, OR 9
acti devisee at the devis	ee 2 rast kilomii gi	idress stated above.			each devisee or mailed
(8) The interest in d	ecedent's property	described in this affida	vit to which each d	evisee is entitled is:	
Arlene Mae But	tler		Lot No. Thir	Interest ty-six of Cas:	itas, Klamath Co
own or estimated amount	ount of which the	aillant or any other ner	son is entitled to roi	mhurramant from A	aims against the estate he estate, including the are (if none, so state):
Name of Creditor NONE		Address	Nature	of Expense/Claim I	Cnown or Estimated Amount
A CODY of the attidat	VII Showing the di	te of filing will be deli-			
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(10) The name and a	address of each pe	udress stated above. rson known to the affia of, are (if none, so state)	nt to assert a claim	against the estate th	
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