AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO: NAMELOUISE TRIPLETT STREET 8997-D-SALMON FAILDR. ADDRESS CITY SACRAMENTO, Ca. STATE ZIP 1 Title Order NoEscrow No	Recorded 06/1 Vol M03 Pg Linda Smith, (gon, County of Klamath 10/2003 8:19 a m. 394/5
'03 JUN 10 AM8:19	CDACE ADDIVE THIS LINE FOR DECOMPOSE	
GRANT DEED	DOCUMENTARY TRANSFER TAX \$ computed on full value of property computed on full value less liens and encumbrances remaining at time of s	onveyed, or
FOR VALUABLE CONSIDERATION, receipt of which is ac	SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX CKNOWledged, I (We), FOWARD (NAME)	FIRM NAME TRIPLETT OF GRANTOR(3))
grant to Louise TR	PPLETT	
BLOCK 5, LO TO NIMROT Assessor's parcel No. R-3611-007CC	County, State of OREGON, described T 13, ADDITION RIVER PARM 3-80400-000 03, at Tax Caulon	d as follows (insert legal description):
on 6-3-03 before me, Earleue K 5 personally appeared Edward Les	Mith Notary Albice or Jame Dog Notary Brace") Mi Wet	RIGHT THUMBPRINT (Optional)
personally known to me (or proved to me on the basis of sat namele) is/are subscribed to thewithin instrument and ackno same in his/her/their authorized capacity(ies); and that by h person(s), or the entity upon behalf of which the person(s) WITNESS my hand and official seal.	eviledged to me that he/she/they executed the nis/her/their signature(e) on the instrument the acted, executed the instrument.	TOP OF THUMBI HERE
MATIL TAX STATEMENT TO:	EARLENE K. SMITH Commission # 1344294 Notary Public - California Kern County My Comm. Expires Mar 21, 2006	CAPACITY CLAIMED BY SIGNER(S) INDIVIDUAL(S) CORPORATE OFFICERS (TITLES) PARTNER(S) GENERAL ATTORNEY IN FACT TRUSTEE(S) GUARDIAN/CONSERVATOR
Before you use this form, fill in all blanks, and make whatever changes are appra a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts respect to the merchantability or fitness of this form for an intended use or put WOLCOTTS FORM 778 - rev. 7-99 GRANT DEED - (price class 3A) 9 1999 WOLCOTTS FORMS, INC.	opriate and necessary to your particular transaction. Consult nakes no representation or warranty, express or implied, with urpose.	SIGNER IS REPRESENTING: (NAME OF PERSON(S) OR ENTITY(IES)):