RECORDING REQUESTED BY '03 JUN 24 AM9:00 AND WHEN RECORDED MAIL THIS DEED AND, UNLESS Vol. MO3 Page OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO: NAME LARRY D. & BARBARA J. KNIGHT State of Oregon, County of Klamath STREET 4166 W. DENNETT Recorded 06/24/2003 9'00 a m. Vol M03 Pg 42922 CITY FRESNO Linda Smith, County Clerk
Fee \$ 2/00 # of Pgs / STATE CA 93722 Title Order No. _ Escrow No. SPACE ABOVE THIS LINE FOR RECURDER'S USE **GRANT DEED** DOCUMENTARY TRANSFER TAX \$ computed on full value of property conveyed, or JOINT TENANCY computed on full value less liens and encumbrances remaining at time of sale. FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), DALE A. DAWSON SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX grant to LARRY D. AND BARBARA J. KNIGHT (NAME OF GRANTEES) all that real property situated in the City of ______KLAMATH KLAMATH (or in an unincorporated area of) County, State of <u>OREGON</u>, described as follows (insert legal description): LOT #23 BLOCK #21 OF KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT 1/CODE #036 MAP TAX LOT R3711028D000800000

Assessor's parcel No. R398634 on 8/28/02 before me. Toni Gr Notary Public NAME/TITLE TO personally appeared Dale A. Dawsox personally known to me for proved to me on the basis of satisfactory evidence) to be the person(x) whose name(x) is/are subscribed to thewithin instrument and acknowledged to me that he/she/they executed

the same in his/her/ther authorized capacity(res), 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.

with 1235 my hand and official seal.
April Olaha
John Xaham
(SIGNATURE)
MAIL TAX STATEMENT TO:

TONI GRAHAM COMM. #1222255 MOTARY PUBLIC - CALIFORNIA FRESNO COUNTY My Comm. Expires June 25, 2003

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WOLCOTTS FORM 768 - (price class 3A) GRANT DEED-JOINT TENANCY-Rev. 3-94b	Before you use this form and necessary to your pa

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, intended use or purpose.

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RIGHT THUMBPRINT (Optional) RIGHT THUMBPRINT (Optional) CAPACITY CLAIMED BY SIGNER(S) INDIVIDUAL(S) CORPORATE **OFFICERS** (TITLES) ☐ PARTNER(S) ☐ LIMITED GENERAL ☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER SIGNER IS REPRESENTING: (NAME OF PERSON(S) OR ENTITY(IES)):