

RECORDING REQUESTED BY

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

NAME Martin J. Listberger
 STREET ADDRESS 209 Thorndike Way
 CITY, STATE & ZIP CODE Folsom, CA 95630
 TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
 Recorded 09/22/03 9:31 a m
 Vol M03 Pg 70344
 Linda Smith, County Clerk
 Fee \$ 21⁰⁰ # 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), West America

Bank Custodian FBO Martin J. Listberger (NAME OF GRANTOR(S))
 grant to Lynda K. Dunham (NAME OF GRANTEE(S))

all that real property situated in the City of Klamath (NAME OF COUNTY) County, Oregon (STATE) described as follows (Insert legal description):

Lot 7, Block 1 of Tract 1118, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Assessor's parcel No. _____

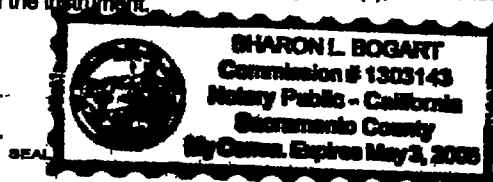
Executed on September 9, 2003, at Sacramento CA.STATE OF CaliforniaCOUNTY OF Sacramento

On Sept 9, 2003 before me, Sharon L. Bogart Notary Public, (CITY AND STATE)
Caroline S. Davis (NAME OF GRANTOR(S))
West America Bank Cust. FBO Martin Listberger

personally appeared Caroline S. Davis 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.

Sharon L. Bogart
 (SIGNATURE OF NOTARY)



MAIL TAX STATEMENTS TO: Lynda K. Dunham

8916 Calvert Avenue
Orangevale, CA 95662

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE

OFFICER(S)

☐ PARTNER(S)

(TITLE)

☐ LIMITED☐ GENERAL☐ ATTORNEY IN FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER: _____

SIGNER IS REPRESENTING:

Name of Person(s) or Entity