

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

NAME William B. TRAMP
 STREET ADDRESS 360 AMERICAN CYN RD #53
 CITY AMERICAN CANYON, CALIF
 STATE 94503
 ZIP 94503

State of Oregon, County of Klamath
 Recorded 06/01/2004 8:40 a m
 Vol M04 Pg 34812
 Linda Smith, County Clerk
 Fee \$ 21⁰⁰ # of Pgs 1

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

'04 JUN 1 AM 8:40

DOCUMENTARY TRANSFER TAX \$

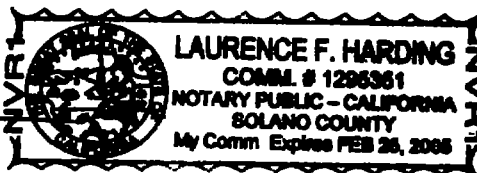
- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX _____ FIRM NAME _____

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged (1) We, William B. TRAMPgrant to HAZEL B. TRAMP AS JOINT TENANTall that real property situated in the City of Sprague River (or in an unincorporated area of) Klamath County County, State of Oregon, described as follows (insert legal description):NIMROD RIVER PARK 4TH ADDITION, BLOCK 50 LOT 4MAP: R-3611-005D0-01500-000CODE: 010ACCT: # R344069Assessor's parcel No. Block 50 Lot 4 4TH ADDITIONExecuted on MAY 25, 2004 W.B.T. VALLEJO, CALIFORNIASTATE OF CALIFORNIACOUNTY OF NAPAOn 5/5/04 before me, LAURENCE F. HARDING, NOTARY PUBLICpersonally appeared WILLIAM B. TRAMP

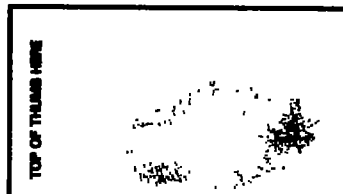
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



MAIL TAX STATEMENT TO: _____

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE

OFFICERS

(TITLE)

☐ PARTNER(S)☐ LIMITED☐ ATTORNEY IN FACT☐ GENERAL☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHERSIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES)):

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.

