RECORDING REQUESTED BY

Vol M04 Page 34812

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:
NAME William B. Trampp
STREET ADDRESS 360 American Cyn Rd #55
CITY American Canyon, Calif
STATE
ZIP 94503

Title Order No. _____ Escrow No. _____

State of Oregon, County of Klamath
Recorded 06/01/2004 8:40 a m
Vol M04 Pg 34812
Linda Smith, County Clerk
Fee $ 21.00 # of Pgs 1

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

'04 JUN 1 AM8:40

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, I (We), William B. Trampp (NAME OF GRANTOR(S))

grant to Hazel B. Trampp As Joint Tenant (NAME OF GRANTEE)

all 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 4
MAP: R-3611-005D0-01500-000
CODE: 010
ACCT: # R344069

Assessor's parcel No. Block 50 Lot 4 4th Addition

Executed on May 25, 2004 PST Vallejo, California (CITY AND STATE)

William B Trampp

STATE OF California
COUNTY OF Napa

On 5/25/04 PST before me, Laurence F. Harding, Notary Public (NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared William B. Trampp

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.

LAURENCE F. HARDING
COMM. # 1296361
NOTARY PUBLIC – CALIFORNIA
SOLANO COUNTY
My Comm Expires FEB 26, 2005

(SEAL)

MAIL TAX STATEMENT TO: _____

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

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)):

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.

7 67775 39778 9

21-