

'04 JUL 28 AM 8:40

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

NAME Wayne + Barbara Arnold
 STREET 9646 Parakeet Dr.
 ADDRESS Bonanza OR 97623-8726
 CITY Bonanza
 STATE OR
 ZIP 97623-8726
 L

State of Oregon, County of Klamath

Recorded 07/28/04 8:40a mVol M04 Pg 49242

Linda Smith, County Clerk

Fee \$ 21.00 # of Pgs 1

Title Order No. _____ Escrow No. _____

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), VIRGIL and LaFaith Journagan
1654 9th Ave Olivehurst Ca 95961 (NAME OF GRANTOR(S))

grant to Wayne and Barbara Arnold
9646 Parakeet Dr. Bonanza OR 97623-8726 (NAME OF GRANTEE(S))

all that real property situated in the City of Bonanza OR (or in an unincorporated area of)
Klamath County, State of ORE, described as follows (insert legal description):

Lot 8 Block 64 Klamath Falls Forest Estates
Hwy 66 Unit Plat #3

Assessor's parcel No. 3711-034C0-06600

Executed on June 20, 2004, at Yuba City, Ca. (CITY AND STATE)

STATE OF CaliforniaCOUNTY OF Sutter

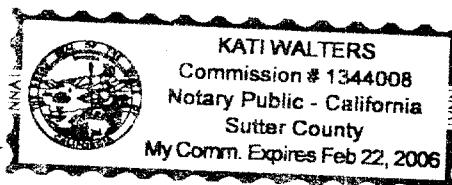
On June 21, 2004 before me, Kati Walters, Notary Public

personally appeared LaFaith Journagan and (NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")
Virgil Journagan

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.

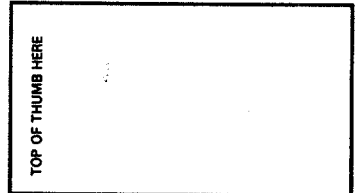
Kati Walters
 (SIGNATURE) (SEAL)



MAIL TAX STATEMENT TO: Wayne Arnold 9646 Parakeet
Dr. Bonanza OR 97623-8726

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.

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)
☐ INDIVIDUAL(S)
☐ CORPORATE

OFFICERS (TITLES)
☐ PARTNER(S) ☐ LIMITED
☐ TRUSTEE(S) ☐ GENERAL
☐ ATTORNEY IN FACT
☐ GUARDIAN/CONSERVATOR
☐ OTHER

SIGNER IS REPRESENTING:
 (NAME OF PERSON(S) OR ENTITY(IES)):



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