

04 OCT 19 AM 9:50

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



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Katie Chew (Deceased)
2115 Angus Drive
Walnut Creek, CA 94598

First Party's Name and Address

Alice Gee
35 La Salle Avenue
Piedmont, CA 94611-3545

Second Party's Name and Address

After recording, return to (Name, Address, Zip):

Alice Gee
35 La Salle Avenue
Piedmont, CA 94611-3545

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Alice Gee
35 La Salle Avenue
Piedmont, CA 94611-3545

SPACE RESERVED FOR RECORDER'S USE

State of Oregon, County of Klamath
Recorded 10/19/04 9:52a m
Vol M04 Pg 70961-62
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

AFFIANT'S DEED

THIS INDENTURE dated 10/8/04, by and between Alice Gee, the affiant named in the duly filed affidavit concerning the small estate of Katie Chew, and Alice Gee, deceased, hereinafter called the first party, hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of _____, State of Oregon, described as follows, to-wit:

NE 1/4 of the SW 1/4 of Section 23, Township 37 S,
Range 15 E

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. [®]However, the actual consideration consists of or includes other property or value given or promised which is part of the the whole (indicate which) consideration. [®](The sentence between the symbols "®, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Alice Gee

Affiant

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____,

by _____,

This instrument was acknowledged before me on _____,

by _____,

as _____,

of _____.

Notary Public for Oregon

My commission expires _____

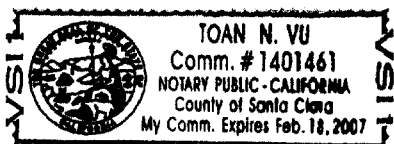
ALL-PURPOSE ACKNOWLEDGMENT

70962

State of California }
County of ALAMEDA } SS.

On 10/14/2004 before me, TOAN N. VU,
personally appeared ALICE GEE

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 signatures(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.

[Signature]
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgment to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
CORPORATE OFFICER

- PARTNER(S)
ATTORNEY-IN-FACT
TRUSTEE(S)
GUARDIAN/CONSERVATOR
OTHER:

DESCRIPTION OF ATTACHED DOCUMENT

AFFIRANT'S DEED
TITLE OR TYPE OF DOCUMENT
01
NUMBER OF PAGES
10/14/2004
DATE OF DOCUMENT
N/A
OTHER

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

RIGHT THUMBPRINT
OF
SIGNER

