

05 MAY 2 AM 3:52

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

NAME LINDA MARIE TOLENTINO
 STREET 27174 AUGUSTA AVE
 ADDRESS MENIFEE CA 92584
 CITY MENIFEE
 STATE CA
 ZIP 92584

State of Oregon, County of Klamath
 Recorded 05/02/2005 8:52 a m
 Vol M05 Pg 31076
 Linda Smith, County Clerk
 Fee \$ 21.00 # of Pgs 1

Title Order No. 0 Escrow No. 0

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 DOROTHY ANN KOEHN

(NAME OF GRANTOR(S))

grant to LINDA MARIE TOLENTINO

(NAME OF GRANTEE(S))

all that real property situated in the City of KIAMATH FALLS (or in an unincorporated area of)
KIAMATH County, State of OREGON, described as follows (insert legal description):

RIVER
NIMROD PARK, 5TH ADDITION, BLOCK 64, LOT 26

MAP R-3611-001A0-03600-000
 CODE: 010

Assessor's parcel No. R337807Executed on MARCH 21, 2005 at MENIFEE, CA

(CITY AND STATE)

STATE OF California
 COUNTY OF Riverside

Dorothy Ann Koehn
Dorothy A. Koehn

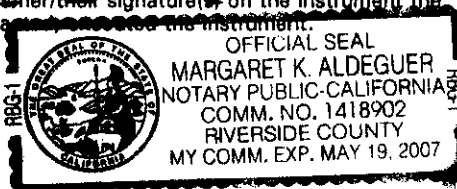
On 3-21-2005 before me, Margaret K Aldeguer, Notary Public

(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared Dorothy Ann Koehn

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.



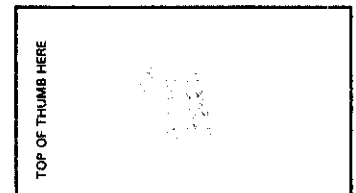
Margaret K Aldeguer (SIGNATURE) (SEAL)

MAIL TAX STATEMENT TO: LINDA M TOLENTINO - 27174 AUGUSTA AVE, MENIFEE CA 92584

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

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

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