

RECORDING REQUESTED BY

Vol M05 Page 42054

State of Oregon, County of Klamath
 Recorded 06/07/05 9:49a m
 Vol M05 Pg 42054
 Linda Smith, County Clerk
 Fee \$ 2100 # of Pgs 1

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

NAME SANTA BARBARA RIDING ACADEMYSTREET ADDRESS P.O. BOX ~~31016~~ 50425CITY, STATE & ZIP CODE SANTA BARBARA, CA 93130TITLE ORDER NO. _____ ESCROW NO. 93150-0425

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), LILLIAN BERGER

(NAME OF GRANTOR(S))

grant to SANTA BARBARA THERAPEUTIC RIDING ACADEMY FOR HANDICAPPED CHILDREN

(NAME OF GRANTEE(S))

all that real property situated in the City of _____ (or in an unincorporated area of)

KLAMATH FALLS

(NAME OF COUNTY)

County, OREGON

(STATE)

described as follows (insert legal description):

LOT TWENY (20), BLOCK ONE (1)

Frontier Tracts, a platted portion of Klamath County,
 Oregon, according to the duly re-corded plat therof on
 record in the office of the County Clerk of Klamath County,
 Oregon.

Acres:

Map: R-3606-010CA-01100-000

Code :

008

Assessor's parcel No. _____

Executed on 12-15-98, at Los Angeles, California

(CITY AND STATE)

STATE OF CaliforniaCOUNTY OF Los AngelesOn Dec 15, 1998 before me, Catherine Romero

(NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared Lillian Berger 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.

Catherine Romero
 (SIGNATURE OF NOTARY)

(SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE

OFFICER(S) _____

(TITLES)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

☐ ATTORNEY IN FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER: _____

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))

MAIL TAX

STATEMENTS TO: _____

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.

WOLCOTTS FORM 778 - Rev. 3-94b (price class 3A)

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