## RECORDING REQUESTED BY

Nicholas Pavoni, Trustee

Order No.

Escrow No.

AND WHEN RECORDED MAIL TO

Nicholas Pavoni, Trustee

21ck

Street Address P. O. Box 304

Klamath County, Oregon 03/13/2006 10:49:17 AM Pages 1 Fee: \$21.00

The undersigned grantor(s) declare(s):  Documentary transfer tax is \$ _None  ( x ) computed on full value of property conveyed, or ( ) computed on full value less value of liens and encumbrances remaining at time of sale. ( x) Unincorporated area: ( ) City of	
Documentary transfer tax is \$ None  ( x ) computed on full value of property conveyed, or ( ) computed on full value less value of liens and encumbrances remaining at time of sale. ( x) Unincorporated area: ( ) City of	
( x ) computed on full value of property conveyed, or ) computed on full value less value of liens and encumbrances remaining at time of sale. ( x) Unincorporated area: ( ) City of, and	
<ul> <li>) computed on full value less value of liens and encumbrances remaining at time of sale.</li> <li>(x) Unincorporated area: ( ) City of</li></ul>	
( x) Unincorporated area: ( ) City of, and	
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,	
NICHOLAS PAVONI, amarried man, as his Separate Property,	
hereby GRANT(S) to NICHOLAS PAVONI, TRUSTEE of THE NICHOLAS PAVONI 1992 dated September 18, 1992	TRUST,
the following described real property in the unincorporated area of the	
County of KLAMATH , State of & OREGON	
20 acres consisting of the North 1/2 of the Northeast 1/4 of the Northwest 1/4 of Section 23, Township 35 South, Range 11 East,	
Williamette Meridian.	
Williamocco Hollaidi.	
Mina	
Dated: March 7 2006 Thinks favor	
Nicholas Pavoni	
STATE OF CALIFORNIA COUNTY OF SONOMA SS.	
_ I	
On March 7, 2006 before me,	
Harlan Kant , personally appeared	
NICHOLAS PAVONI	
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 instru-	
ment the person(s), or the entity upon behalf of which the person(s) acted,	
executed the instrument.	
WITNESS my hand and official seal.	
$H_{i}$ $K_{i}$	
Signature (This area for official notarial seal)	
,	
MAIL TAX	
STATEMENTS TO: Same as above  NAME ADDRESS CITY, STATE & ZIP	