

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



Dona H. Goodlett
3400 Wagner Heights Road #315
Stockton, CA 95209

Grantor's Name and Address

Dona H. Goodlett
3400 Wagner Heights Road #315
Stockton, CA 95209

Grantee's Name and Address

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

Dona H. Goodlett
3400 Wagner Heights Road #315
Stockton, CA 95209

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

Dona H. Goodlett
3400 Wagner Heights Road #315
Stockton, CA 95209

M06-06404

Klamath County, Oregon

04/04/2006 08:40:39 AM

Pages 2 Fee: \$26.00

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Dona H. A. Goodlett

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Dona H. Goodlett and Gene W. Andal, Trustees of the Dona H. Goodlett Trust, dtd 2-27-2006, hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

Lot 313, REPLAT OF RUNNING Y RESORT, PHASE 4, FIRST ADDITION, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Property Address: 5052 Swallow Court, Klamath Falls, OR 97601

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. ^① 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. ^① (The sentence between the symbols ^①, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on _____; if grantor 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.

Dona H. A. Goodlett
DONA H. A. GOODLETT

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____,
by _____

This instrument was acknowledged before me on _____,
by _____

as _____

See attached notary

Notary Public for Oregon

My commission expires _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

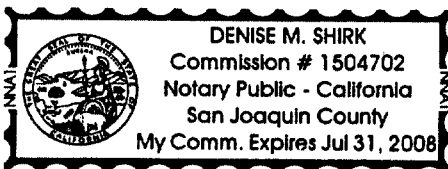
State of CA

County of San Joaquin

On 3/27/06 before me, Denise M. Shirk,
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Dona H.A. Goodlett,
NAME(S) OF SIGNER(S)

☐ 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.

Denise M. Shirk
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

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

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

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE