

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

NAME MARY E. GEORGE + CECIL E. CONCH
STREET ADDRESS 1301 WRENWOOD WAY
CITY MADERA
STATE CA.
ZIP 93638

Title Order No. _____ Escrow No. _____

M06-09062

Klamath County, Oregon

05/08/2006 11:47:34 AM

Pages 1 Fee: \$21.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED JOINT TENANCY

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), LARRY D. AND BARBARA J. KNIGHT
(NAME OF GRANTOR(S))

grant to Mary Elizabeth George and Cecil Eugene Conch
(NAME OF GRANTEE(S))

, AS JOINT TENANTS,

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

KLAMATH County, State of OREGON, described as follows (insert legal description):

LOT #23 BLOCK #21 OF KLAMATH FALLS FOREST ESTATES
HIGHWAY 66 UNIT 1/CODE #036
MAP TAX LOT R3711028 D000800000

Assessor's parcel No. R398434

Executed on April 27th, 2006, at FRESNO, CA. 93722
(CITY AND STATE)

STATE OF California

COUNTY OF Fresno

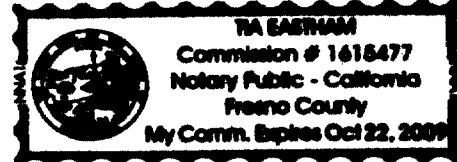
On 27th before me, Eric Eastman, Notary Public
(NAME/TITLE, I.E. JANE DOE, NOTARY PUBLIC)

personally appeared Larry Knight

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.

Eric Eastman, Notary Public
(SIGNATURE)



MAIL TAX STATEMENT TO: _____

(SEAL)

WOLCOTTS FORM 768 (price class 3A)
GRANT DEED-JOINT TENANCY Rev. 3-94b



7 67775 39768 0

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.

©1994 WOLCOTTS FORMS, INC.

CAPACITY CLAIMED BY SIGNER(S)
☒ INDIVIDUAL(S)
☐ CORPORATE

OFFICERS

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

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