

2006-019354

Klamath County, Oregon



00004740200600193540010011

09/26/2006 01:20:03 PM

Fee: \$21.00

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

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

Title Order No. _____ Escrow No. _____

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. KNIGHT AND BARBARA J. KNIGHT
(NAME OF GRANTOR(S))

grant to MARY E. GEORGE AND CECILE CONCH
(NAME OF GRANTEE(S))

, AS JOINT TENANTS,

all that real property situated in the City of N/A (or in an unincorporated area of)

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

KLAMATH FALLS FOREST ESTATES
HWY 66 UNIT #1
BLOCK #21 LOT #23

Assessor's parcel No. R-3711-28D-800

Executed on Sept 19th, 2006, at Greens, Ca.
(CITY AND STATE)

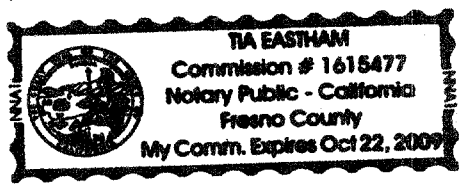
STATE OF California
COUNTY OF Greens
On 9/19/06 before me, Tia Eastham Notary Public
(NAME/TITLE, I.E. JANE DOE, NOTARY PUBLIC)

personally appeared Larry Knight & Barbara 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.

Tia Eastham Notary Public
(SIGNATURE)



MAIL TAX STATEMENT TO: _____

(SEAL)

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

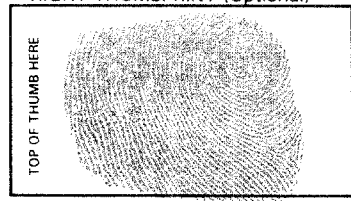


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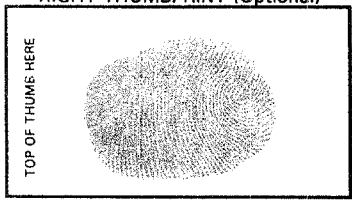
Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

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RIGHT THUMBPRINT (Optional)



RIGHT THUMBPRINT (Optional)



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)):