After Recording Return to:
John E. [Jack] Davis
600 NW 5th Street
Grants Pass OR 97526

Mail Tax Statements to:
Same as of Record

2008-008643
Klamath County, Oregon

000479822008000086430020021

06/16/2008 09:58:07 AM   Fee: $26.00

DEED OF PERSONAL REPRESENTATIVE

Robert Williams, the duly appointed, qualified, and acting Personal Representative of the Estate of Francis L. Williams, deceased, conveys a one-quarter interest to Robert Williams and a one-quarter interest to Deborah Williams, as tenants in common.

After the execution of this Deed of Personal Representative the within referenced real property will be vested 50% unto Lyndon P. Sawyer, 25% unto Robert Williams and 25% unto Deborah Williams.

The real property subject to this deed is located in Klamath County, Oregon and is described as:

Lots 4 and 5 in Block 4 of First Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true and actual consideration for this conveyance is zero for estate distribution pursuant to a General Judgment in the Estate of Francis L. Williams, Josephine County Case No. 07-P-0345.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER SECTIONS 2, 3, AND 5 TO 22 OF CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES 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, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN *ORS 30.930* AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER SECTIONS 2, 3, AND 5 TO 22 OF CHAPTER 424, OREGON LAWS 2007.

DATED: ___June 6th___, 2008.   _____
ROBERT WILLIAMS, Personal Representative
of the Estate of Francis L. Williams, Deceased

STATE OF CALIFORNIA   )
)
County of Alameda   )

On the ___ day of _____, 2008, before me, _____, [NOTARY PUBLIC'S NAME] personally appeared Robert Williams [PERSON'S NAME SIGNING DOCUMENT], [check one] _____ personally known to me; or _____ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. [Cross out inapplicable & circle applicable]

{NOTARY SEAL/STAMP}   WITNESS my hand and official seal.

                                       _See attached ack_____
                                       {Signature of Notary}
                                       My Commission Expires: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT
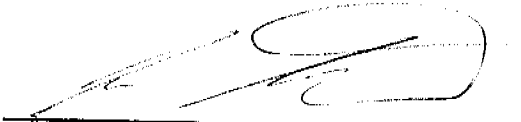
State of California
County of Alameda

On ___June 6 2008___ before me, ___Eric Tharpe___ Notary Public,
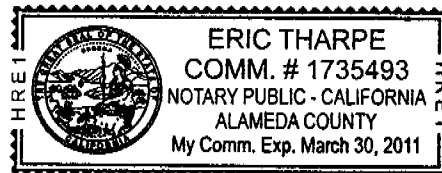personally appeared
___Robert Williams___,
who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf
of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

_____
Signature of Notary Public

ERIC THARPE
COMM. # 1735493
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Comm. Exp. March 30, 2011

-------------------- **OPTIONAL** --------------------

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer
Signer's Name: _____

☐ Individual
☐ Corporate Officer - Title(s): _____
☐ Partner - ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here