

2009-010080

Klamath County, Oregon

RECORDING REQUESTED BY
North American Title Company

**AND WHEN RECORDED MAIL DOCUMENT
AND TAX STATEMENT TO:**

Mr and Mrs. Krinsky
2028 Sorrelwood Court
San Ramon, Ca 94583



00070007200900100800030031

07/24/2009 11:34:16 AM

Fee: \$31.00

1st 1409684

Space Above This Line for Recorder's Use Only

A.P.N.: R-3808-016A0-10700
R890690

File No.: 54705-934754-09 (JB)

GRANT DEED

The Undersigned Grantor(s) declare(s): DOCUMENTARY TRANSFER TAX \$; CITY TRANSFER TAX \$;
SURVEY MONUMENT FEE \$

This conveyance transfers Grantor's interest into or out of his/her revocable trust and is EXEMPT from the
imposition of the Documentary Transfer Tax pursuant to § 11930 of the Revenue and Taxation Code.

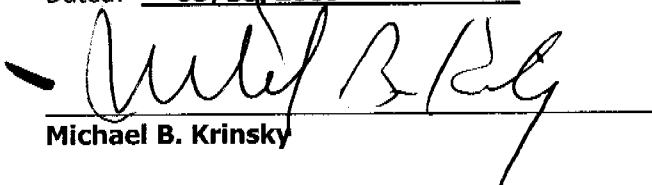
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Michael B. Krinsky and Paula J. Krinsky, husband and wife as joint tenants**

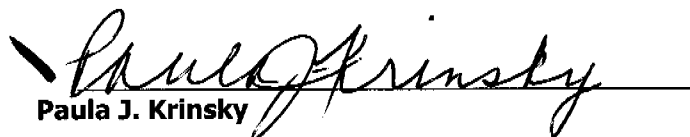
hereby GRANT(s) to **Michael B. Krinsky and Paula J. Krinsky, Trustees of the Krinsky Family Trust, under an agreement dated December 14, 1994**

the following described property in the City of **KLAMATH FALLS**, County of **KLAMATH**, State of **Oregon**:

See Exhibit A attached hereto for legal description.

Dated: 05/18/2009


Michael B. Krinsky


Paula J. Krinsky

Mail Tax Statements To: **SAME AS ABOVE**

F31-

STATE OF CA)SS
COUNTY OF Contra Costa)

On May 19, 2009, before me, J. Britton, Notary
Public, personally appeared Paula J. Krinsky
Michael B. Krinsky, 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.

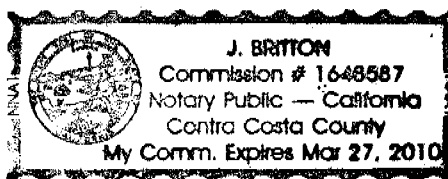
WITNESS my hand and official seal.

Signature

My Commission Expires: _____

Notary Name: _____

Notary Registration Number: _____



This area for official notarial seal

Notary Phone: _____

County of Principal Place of Business: _____

LOT 1235, TRACT 1440, RANCHVIEW ESTATES, FIRST ADDITION, ACCORDING TO THE
OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH
COUNTY, OREGON.