

2011-011857

Klamath County, Oregon



00109073201100118570030032

10/24/2011 10:04:11 AM

Fee: \$47.00

Grantor:

Donald R. Travers & Ella H. Travers
11750 Merganser Road
Klamath Falls, Oregon 97601

Grantee: & Mail fax statements to:

Donald R. Travers & Ella H. Travers, Trustees
Travers Revocable Inter Vivos Trust
11750 Merganser Road
Klamath Falls, Oregon 97601

After recording return to:

77336907 12cc 500
When Recorded Return To:

Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

**STATUTORY
BARGAIN AND SALE DEED**

(3)

55922549-1071608

DONALD R. TRAVERS and ELLA H. TRAVERS, husband and wife, Grantor, convey to DONALD R. TRAVERS and ELLA H. TRAVERS, as Trustees of the TRAVERS REVOCABLE INTER VIVOS TRUST initially created on September 1, 1995, Grantee, the following-described real property:

see exhibit A certification of trust

LOT 109, RUNNING Y RESORT, PHASE 2, 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 other than monetary: to change vesting.

Until a change is requested, all tax statements are to be sent to the following address: no change.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007 AND SECTIONS 29 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Donald R. Travers
Donald R. Travers

Ella H. Travers
Ella H. Travers

California Butte
STATE OF ~~OREGON~~, County of ~~Klamath~~) ss.

On the 7th day of ~~September~~ *October*, 2011, personally appeared before me the above-named DONALD R. TRAVERS and ELLA H. TRAVERS, husband and wife, who declared the foregoing instrument to be their voluntary act and deed.

See attachment 
Notary Public for Oregon

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Butte

On 10/7/2011 before me, Anita Gregory, Notary Public
(Here insert name and title of the officer)

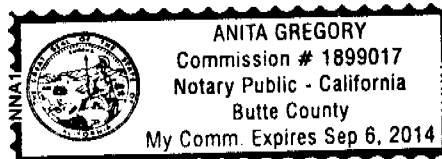
personally appeared Donald R. Travers & Ella H. Travers

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

Anita Gregory
Signature of Notary Public



(Notary Seal)

Anita Gregory

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Statutory Bargain &
(Title or description of attached document)

Sale Deed
(Title or description of attached document continued)

Number of Pages 1 Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

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- By the following party(ies) **DONALD R. TRAVERS and ELLA H. TRAVERS**

- Dated: 10-7-11

U02206400