## 2011-011857 Klamath County, Oregon





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

10/24/2011 10:04:11 AM

Fee: \$47.00

Grantee: F Mail tex 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:

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:

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** 

osy ald

Ella H. Travers

STATE OF GREGON, County of Klamath.) ss.

On the 7 day of September, 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.

Notary Public for Oregon

see attachment

## CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

County of <u>Butte</u>			
On 10/7/2011 before me, Anta Greary, Notary Public (Help inself name and title of the difficer)			
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 is true and correct.	the laws of the State of California that the foregoing paragraph		
WITNESS my hand and official seal.  Signature of Notary Public	ANITA GREGORY Commission # 1899017 Notary Public - California Butte County My Comm. Expires Sep 6, 2014  (Notary Scal) Anita Cregory		
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)	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.		
Number of Pages Document Date  (Additional information)	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>		
(Additional Information)	<ul> <li>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).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of</li> </ul>		
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s) Attorney in Fact	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.		
☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	<ul> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>		

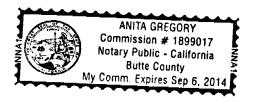
Securely attach this document to the signed document

State of California

## CERTIFICATION OF TRUST

 $I/We\ DONALD\ R.\ TRAVERS\ and\ ELLA\ H.\ TRAVERS\ Trustee(s),$  hereby confirm and attest to the following facts and circumstances relative to the below mentioned trust:

1. Name of trust: THE TRAVERS REVOCABLE INTER VIVOS TRUST		(4)
Is currently in existence and was created on September 1, 1995		
2. The trust was established by: DONALD R. TRAVERS and ELLA H. TRAVERS		
3. The current trustee(s) of the trust is/are: DONALD R. TRAVERS and ELLA H. TRAVERS		
4. The power(s) granted to the trustee(s) include:		
(A) The power to sell, convey and exchange the real property which is the subject of this transaction.	X Yes	No
(B) The power to borrow money as well as mortgage and encumber the subject property with a Deed of Trust.	X Yes	— No
5. The trust is (A) Revocable X or (B) Irrevocable and is revocable by the following party(ies)		
By the following party(ies) DONALD R. TRAVERS and ELLA H. TRAVERS		
6. Describe which trustees or combination thereof which are authorized to exercise the powers mentioned	in	4 - 3 Cab
trust has multiple trustees and less than all the trustees are going to execute the document necessary to extransaction.		+. II the
7. The trust identification number is as follows (Last Four Digits of SS#, etc.) 8355		
8. Title to trust assets shall be taken in the following fashion: Quit Clarky Deed		
The undersigned trustee(s) hereby declare(s) under penalty of perjury that the trust described above has not or amended in any manner which would cause the representations contained herein to be incorrect. This ceall of the currently acting trustees who declare the above to be true and correct.  Dated: $\frac{10-7-11}{10}$		
DONALD R. TRAVERS		
Elle H. Zamer		
ELLA H. TRAVERS		
STATE OF California ) SS.		
COUNTY OF BUTTE )		
On 10 7 11, before me personally appeared DONALD R. TRAVERS and ELLA H. TRAVERS		
to me known to be the person(s) described in and who executed the foregoing instrument and acknowledge	ed	
hat he/she/they executed the same as his/her their free act and deed.		
Motary Name: Archa Greagery  My Commission expires:  9 6 14		
State: California County: Butte		





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