NO PART OF ANY STEVENS-NESS FORM MAY BE REPROD

2013-004703 Klamath County, Oregon



05/02/2013 02:43:10 PM

Fee: \$37.00

SPACE RESERVED FOR RECORDER'S USE

Peter Robert John Ford & Barbara Lindsay Ford 10371 Cinnamon Teal Drive Klamath Falls, OR 97601
Owner's Name and Address* Marlene Joan Montgomery 2404 Shannandale Spring : hanan, Unchanged.

NOTICE TO OWNER: You should carefully read all information on this form. You may want to consult a lawyer before using this form. This

ORS 205 requires the first page of a recorded document to show the names and addresses of all parties. Use Stevens-Ness Form No. 1256, Cover Sheet fol Instrument to be Recorded, if you need additional space. form must be recorded before your death or it will not be effective. (Type or legibly print all information.) TRANSFER ON DEATH DEED KNOW ALL BY THESE PRESENTS that I, Peter Robert John Ford and Barbara Lindsay Ford, Husband and Wife as tenants by the entirety, owner of the real property described below, whose address is 10371 Cinnamon Teal Drive, Klamath Falls, OR 97601 upon my death, do hereby transfer to the beneficiary designated below, all of my right, interest and title in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in _____ County, State of Oregon, described as follows (legal description of the property): Parcel 1: Lot 485, Running Y Resort, Phase 5 according to them official plat on file in the office of the County Clerk of Klamath County, Oregon. Tax Account #R-3808-010B0-02500-000 Key #883746 Parcel: Lot 1085, Tract 1422, RANCHVIEW ESTATES, according to the official plat thereof on file in the office of the County Clerk of County, Oregon TAx Account #3808-016A0-05800-000 Key # 889961 (IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE) I designate ____Marlene Joan Montgomery____ whose mailing address, if available, is ___2404 Shannandale Road, Silver Spring, Maryland as my primary beneficiary if that person survives me. (Optional) I designate _____ whose mailing address, if available, is _ as my alternate beneficiary** if that person survives me. Before my death, I have the right to revoke this deed. (Optional) SPECIAL TERMS: In construing this instrument, where the context so requires, the singular includes the plural. STATE OF OREGON, County of _____Klamath This instrument was acknowledged before me on by Peter Robert John Ford and

OFFICIAL SEAL MARGARET A JOHN NOTARY PUBLIC-OREGON COMMISSION NO. 452628

MY COMMISSION EXPIRES SEPTEMBER 12, 2014

Notary Public for Oregon My commission expires _

**OR Laws 2011, Ch. 212, Sec. 5(2)(b) states that an individual may designate one or more "Alternate beneficiaries who take the property only if none of the primary beneficiaries is qualified or survives the transferor."

ned of survives the transferor.

NOTE: OR Laws 2011, Ch. 212, provides that Transfer on Death deeds: (a) Transfer only property that the transferor owns at time of death, may not transfer property to design ficiaries with right of survivorship, but may designate shares of ownership (Sec. 13); (b) Are always revocable (Sec. 6); (c) Must be recorded before death to be effective (Sec. 2 need not be delivered to designated beneficiaries (Sec. 10(1)); (d) Transfer property without any warranties or covenants of title (Sec. 13(4)), and subject to all debts of the delivered to designate (Sec. 13(4)), and subject to all debts of the delivered to designate (Sec. 13(4)), and subject to all debts of the delivered to designate (Sec. 13(4)).