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NO PART OF ANY STEVENS-NESS FORM MAY BE REF

2014-006040

Klamath County, Oregon



00154350201400060400010015

06/09/2014 09:44:24 AM

Fee: \$42.00

 WILLIAM E. ROBBINS JR. and
 DOROTHY L. ROBBINS

 Owner's Name and Address
 CRAIG W. REVELS and
 ANN M. REVELS

Beneficiary's Name and Address

After recording, return to (Name and Address):

Until requested otherwise, send all tax statements to (Name and Address):

 SPACE RESERVED
 FOR
 RECORDER'S USE

NOTICE TO OWNER: You should carefully read all information on this form. You may want to consult a lawyer before using this form. This 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, WILLIAM E. ROBBINS JR. and DOROTHY L. ROBBINS

 whose address is 317 N. Lalo Avenue, Chiloquin, Oregon 97624, owner of the real property described below,

 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 Klamath County, State of Oregon, described as follows (*legal description of the property*):

Lots 4,5 and 6 in Block 4 of WEST CHILOQUIN, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. Whose address is: 317 N. Lalo Avenue, Chiloquin, Oregon 97624.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

 I designate CRAIG W. REVELS and ANN M. REVELS, Husband and Wife.

 whose mailing address, if available, is 1004 E. 13th Street, The Dalles, Oregon 97058

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.

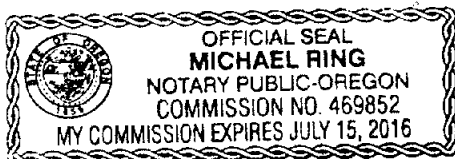
(Optional) SPECIAL TERMS: _____

In construing this instrument, where the context so requires, the singular includes the plural.

 IN WITNESS WHEREOF, the undersigned has executed this instrument on June 4, 2014.

William E. Robbins Jr.
Dorothy L. Robbins

 STATE OF OREGON, County of Multnomah ss.

 This instrument was acknowledged before me on June 4, 2014.
 by WILLIAM E. ROBBINS JR. and DOROTHY L. ROBBINS


Notary Public for Oregon

My commission expires 7/15/2016

*ORS 93.961(2) states that a designated beneficiary must be identified by name; "a beneficiary designation that identifies beneficiaries only as members of a class is void."

**93.953(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."

NOTE: ORS 93 provides that Transfer on Death deeds: (a) Transfer only property that the transferor owns at time of death, may not transfer property to designated beneficiaries with right of survivorship, but may designate shares of ownership (93.969); (b) Are always revocable (93.955); (c) Must be recorded before death to be effective (93.961(1)(d)), but need not be delivered to designated beneficiaries (93.963(1)); (d) Transfer property without any warranties or covenants of title (93.969(4)), and subject to all debts of the decedent, as well as to all liens, mortgages and conveyances to which the property may be subject (93.969(2)).

Returned to County