FORM No. 1336 - TRANSFER ON DEATH DEED. © 2011 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR BB NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS. 2015-001227 Thomas O. Seater Klamath County, Oregon 02/11/2015 11:25:59 AM Fee: \$42.00 Owner's Name and A Robert Thomas Seater Beneficiary's Name and Address* SPACE RESERVED er recording, return to (Name and Address): Thomas O. Seater FOR RECORDER'S USE 6310 Harlan Drive Klamath Falls, Oregon 97603 Until requested otherwise, send all tax statements to (Name Same as above *ORS 205 requires the f and addresses of all par Instrument to be Record 205 requires the first page of a recorded dresses of all parties. Use Stevens-Ness of a recorded document to show the Stevens-Ness Form No. 1256, Cover Si need additional space. 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, . **THOMAS O. SEATER** , owner of the real property described below, whose address is <u>6310 Harlan Drive Klamath Falls</u>, Or 97603 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): Lot 24 in Block 3 of TRACT 1127, NINTH ADDITION TO SUNSET VILLAGE AMERITITLE , has recorded this instrument by request as an accomodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein, (IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE) I designate ROBERT THOMAS SEATER whose mailing address, if available, is ___6646 Shasta Way, Klamath Falls, Oregon 97603 as my primary beneficiary* if that person survives me. SHANNON DIANE SEATER (Optional) I designate _ 6646 Shasta Way, Klamath Falls, Oregon 97603 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. 2015 February IN WITNESS WHEREOF, the undersigned has executed this instrument on . Seater OFFICIAL SEA RENDA JEAN PHILLIPS NOTARY PUBLIC- OREGON ISSION NO. (1567) 12 CON, County of amath EVIRES MARCH 02, 2018 ON, County of a sector of February 2015 by Thomas O. Seater Notary Public for Oregon My commission expires OR Laws 2011, Ch. 212, Sec. 9 states that a designated beneficiary must be identified by na ne; "a beneficiary designation that identifies be **OR Laws 2011 , Ch. 212, Sec. 5(2)(b) states that an individual may designate one or more "Alter the transferor." te beneficiaries who take the prop erty only if none of the primary beneficiaries is qual-NOTE: OR Laws 2011, Ch. 212, provides that Transfer on Death deeds: (a) Transfer only property th ficiaries with right of survivorship, but may designate shares of ownership (Sec. 13); (b) Are always need not be delivered to designated beneficiaries (Sec. 10(1)); (d) Transfer property without any wa well as to all liens, mortgages and conveyances to which the property may be subject (Sec. 13(2)). erty that the transferor owns at time of death, may not transfer lways revocable (Sec. 6); (c) Must be recorded before death to any warranties or covenants of title (Sec. 13(4)), and subject to