

2016-007423

Klamath County, Oregon



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07/13/2016 03:59:58 PM

Fee: \$42.00

BL

NO PART OF ANY STEVENSON'S FORM MAY BE REPRODUCED

JAMES R. MIGLIACCIO
3610 GRENADA WAY
KLAMATH FALLS, OR 97603

Owner's Name and Address

ANN MIGLIACCIO
3610 GRENADA WAY
KLAMATH FALLS, OR

Beneficiary's Name and Address

After recording, return to (Name and Address):

JAMES R. MIGLIACCIO
P.O. BOX 1539
KLAMATH FALLS, OR 97601

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

JAMES R. MIGLIACCIO
P.O. BOX 1539
KLAMATH FALLS, OR 97601

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, JAMES R. MIGLIACCIO

owner of the real property described below,
whose address is 2238 MAIN ST 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 KLAMATH County, State of Oregon, described as follows (legal description of the property):

EAST ONE-HALF OF LOT ONE IN BLOCK FOUR OF
DIXON SECOND ADDITION TO THE CITY OF KLAMATH FALLS,
OREGON, ACCORDING TO THE DULY RECORDED PLAT THEREOF NOW ON
FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

I designate ANN MIGLIACCIO

whose mailing address, if available, is P.O. BOX 1539
KLAMATH FALLS, OR 97601

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:

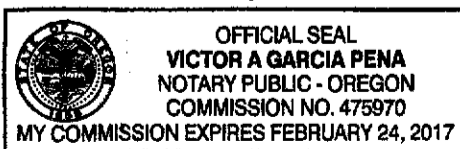
In construing this instrument, where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the undersigned has executed this instrument on July 13, 2016

James R. Migliaccio

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on July 13th, 2016
by James R. Migliaccio



Victor A. Garcia Pena
Notary Public for Oregon
My commission expires February 24, 2017

*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 at Counter