



00191680201600092620030037

08/30/2016 10:08:41 AM

Fee: \$52.00

After recording, the county clerk shall
return the deed to:

MILLER KATHLEEN MCBEE
1062 Ponderosa Ave
San Marcos, CA
92069-2146

Until a change is requested, the county
clerk shall send tax statements to:

MILLER KATHLEEN MCBEE
1062 Ponderosa Ave
San Marcos, CA
92069-2146

TRANSFER ON DEATH DEED
Under ORS 93.948 to 93.979

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.

IDENTIFYING INFORMATION:

Owner(s) making this deed:

MILLER KATHLEEN MCBEE, A WIDOWED WOMAN
1062 Ponderosa Ave
San Marcos, CA
92069-2146

Legal description of the property located in KLAMATH County, Oregon:

SPORTMANS PARK, 3RD EDITION, LOT 159, KLAMATH FALLS, OREGON

Tax Account No. R309981, CODE: 078, Map: R-3606-003BD-04300-000

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

CONSIDERATION: None (ORS § 93.963(2))

PRIMARY BENEFICIARY:

I designate the following beneficiary if the beneficiary survives me:

My daughter, KRISTA L. VAN HOUTEN
20399 Sawyer Road
Shady Cove, OR
97539-8717

ALTERNATE BENEFICIARY (Optional):

If my primary beneficiary does not survive me, I designate the following alternate beneficiary if that beneficiary survives me:

My son, JAMES ALEXANDER SMITH
1504 Indian Summer Road
San Marcos, CA
92069

TRANSFER ON DEATH

At my death, I transfer my interest in the described property to the beneficiaries as designated above.

Before my death, I have the right to revoke this deed.

SPECIAL TERMS (Optional)

NONE

SIGNATURE OF OWNER(S) MAKING THIS DEED

Kathleen McBee Miller
Owner

Kathleen McBee Miller

Print name

8/26/16

Date

Owner

Print name

Date

STATE OF OREGON)

COUNTY OF _____)

This instrument was acknowledged before me on _____ by _____.

Signature of notarial officer

Print name

(Seal, if any)

Title and Rank

My commission expires: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of SAN DIEGO)On 8/26/16 before me, SARA J. THOMPSON,
Date Here Insert Name and Title of the Officerpersonally appeared Kathleen Jean Miller
Name(s) of Signer(s)

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 the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____