

2016-011712

Klamath County, Oregon



00194603201600117120020028

11/01/2016 03:22:10 PM

Fee: \$47.00

AND WHEN RECORDED MAIL TO:

Name **Eva A. Jeffers, Atty.**
 Street **2528 Honolulu Ave.**
 Address **Montrose, Ca. 91020**

City
 State
 Zip

MAIL TAX STATEMENTS TO:

Gloria R. Flessati
 8301 Maynard Ave.
 West Hills, CA 91304

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Trust Transfer Deed

TTO 879 ID

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

Grant Deed

~~Excluded from Reappraisal under Proposition 13, by California Constitution, Article XIII, Section 1, and by California Code of Regulations, Title 18, Section 00100.1~~
 The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:
 THERE IS NO CONSIDERATION FOR THIS TRANSFER.

Documentary transfer tax is \$ NONE - Transfer to a revocable Living Trust

☐ Computed on full value of property conveyed, or ☐ Computed on full value less value of liens and encumbrances remaining at time of sale or transfer.

☒ There is no Documentary transfer tax due. (state reason and give Code § or Ordinance number) Transfer to a revocable living trust

☐ Unincorporated area: ☐ City of _____ and
 This is a Trust Transfer under §62 of the Revenue and Taxation Code and Grantor(s) has (have) checked the applicable exclusion:

- ☒ Transfer to a revocable trust;
☐ Transfer to a short-term trust not exceeding 12 years with trustor holding the reversion;
☐ Transfer to a trust where the trustor or the trustor's spouse is the sole beneficiary;
☐ Change of trustee holding title;
☐ Transfer from trust to trustor or trustor's spouse where prior transfer to trust was excluded from reappraisal and for a valuable consideration, receipt of which is acknowledged.
☐ Other: _____

GRANTOR(S): GLORIA FLESSATI

hereby GRANT(S) to GLORIA R. FLESSATI, Trustee of the GLORIA R. FLESSATI LIVING TRUST

the following described real property in the County of KLAMATH, State of Oregon
 Real property in the County of Klamath, State of Oregon described as
 Lot 2 of Block 83, Klamath Falls Forest Estates Hwy Plat #4
 AP#R-3711-014AO-04600-000

Dated October 19, 2016

State of California

County of _____

On _____

before me, _____

personally appeared _____

personally known to me (or 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.

WITNESS my hand and official seal.

Signature _____

Gloria Flessati
 Gloria Flessati

Grantor - Transferor(s)

Title Order No. _____ Escrow, Loan or Attorney File No. _____

MAIL TAX
 STATEMENTS TO: _____

ASSESSORS PARCEL NO.

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.

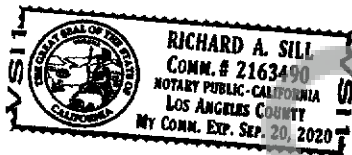
State of California)

County of LOS ANGELES)On OCTOBER 19, 2014 before me, RICHARD A. SILL,
Date Here Insert Name and Title of the Officerpersonally appeared GLORIA FLESSATI
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 Richard A. Sill
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: _____