RECORDING REQUESTED BY

WHEN RECORDED MAIL THIS DOCUMENT AND TAX STATEMENTS TO: **Thomas and Mary Sutton** 25735 Floral Ct Valenica, CA. 91355

J. Wlex

2017-013899 Klamath County, Oregon

00214267201700138990010016

12/05/2017 03:24:22 PM

Fee: \$42.00

APN:	
	Space above this line for Recorder's use
TRUS	ST TRANSFER DEED
GRANT DEED THE UNDERSIGNED GRANTOR(S) DECLARE(S) UND	ER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT:
THERE IS NO CONSIDERATION FOR THIS TRA Computed on full value of property convey	NSFER.
	or encumbrances remaining at time of sale or transfer
☐ There is no Documentary transfer tax due.	(state reason and give Code § or Ordinance number)
☐ Unincorporated area: ☐ city of	
This is a Trust Transfer under §62 of the the applicable exclusion:	Revenue an Taxation Code and Grantor(s) has (have) checked
Transfer to a revocable trust;	
 ☐ Transfer to a short term trust not exc ☐ Transfer to a trust where the trustor of ☐ Change of trustee holding title; 	eeding 12 years with trustor holding the revision; or th turstor's spouse is the sole beneficiary;
	e where prior transfer to trust was excluded form reappraisal and frof which his acknowledge.
= =	AND MARY LYNN TOBERMAN 2011 TRUST DATED MAY 9, 2011 AND ANY
hereby GRANT(S) TO: THE THOMAS WALT	ER SUTTON AND MARY LYNN SUTTON LIVING TRUST DATED
JANUARY 16, 2016 AND ANY AMENDMEN	TS THERETO
the following described real property in the Ci	ity of Chiloquin, County of Klamath State of Oregon:
Commonly known as: Williamson River Knoll,	Block 4, Lot 9. Map R-3507-017DC-02500-000
Dated:	
Roma N. X 42	W 1/5
1/101/20 0000	May's Sutter
Grantor:	Grantor: /
document to which this certificate is attached	is certificate verifies only the identity of the individual who signed the ed, and not the truthfulness, accuracy, or validity of that document.
COUNTY OF LOS HIGHES	S:
On Lou 24 20(7) before me,	(here insert name and title of the officer) Now L. Suffor
appeared 170mm 2 0. 564ton 1	Max L. Sutton
the within instrument and acknowledged to r	where to be the person(s) whose name(s) is/are subscribed to me that he/she/they executed the same in his/her/their authorized cure(s) on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under true and correct.	the laws of the State of California that the foregoing paragraph is
WITNESS my hand and official seal.	J. WILCOX Commission # 2064187 Notary Public - California
Signature 1 1 2 8 00	Los Angeles County My Comm. Expires May 9, 2018