NO PART OF ANY STEVENS-NESS FORM MAY BE REPROD

		I
00247566	201900111300010014	

09/24/2019 09:35:23 AM

Fee: \$82.00

Jummie C. + Pegg. A Yliamas			
222 No RODGERS St.			
Klumath Falls, OR 97601			
Owner's Name and Address			
(UKORI A PORTER (dat)			
(2) Gregory J. thomas (50n)	١ .		
g) 27/8 D. h 67 t D. R. / (50h) 222 N. Ko. Beneficiary's Name and Address 0, 1	1991		
Beneficiary's Name and Address Q, Ly			
After recording, return to (Name and Address):			
IImmiec. + Traggy thoma	2		
222 N. R. algris 5 A			
K/ama4h Falls, OR 9760	7		
Until requested otherwise, send all tax statements to (Name and Address):			
Open 5 address			

SPACE RESERVED FOR

After recording, return to (Name and Address):	RECORDER'S USE
I'm mi & C. + Traggul thoma	ig
222 N. R. O. 64.15 54	
Kloma 41 Folls, OR 9760	7
Until requested otherwise, send all tax statements to (Name and Address):	
above addiess	
NOTICE TO OWNER: You should carefully read all informati	on 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 ef	
TRA	NSFER ON DEATH DEED
KNOW ALL BY THESE PRESENTS that I,	Immia C. Thomas and Paggo A.
Thomas	004
	owner of the real property described below,
whose address is	ogens ST. Rlamath Falls, UK
97601	
	ignated below, all of my right, interest and title in that certain real property,
	reunto belonging or in any way appertaining, situated in Klama 44
F-411-2-C-11-17-14-14-4-County, State of Or	regon, described as follows (legal description of the property):
1) Cude:	001 PCL: 101
KIVEYSINE	001 PCL: 101 3809-032CB-04000 0.14 Account#610823
Plack 18-Lott Map:	3809-03268-09000
Block 18-co+ Acres	0.14
77 (775	10 ROUNTH/1823
	77000
(IF SPACE INSUEFIC	EIENT, CONTINUE DESCRIPTION ON REVERSE).
, I designate <u>OUR SON</u> , Co	regory I Gramas and out
agt LORIA PORTER	PARCUTOR 12 OGNUILLY EGGOL.
whose mailing address, if available, is _OWILEN	Ship toR QUER AND CAILLY
101 COC4+8 a m 2	2 63 VI. 100 9 8 45 3 3 7 1 1 1 1 1199 1 19
	,
as my primary beneficiary* if that person survives me. (Optional) I designate	
(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:	14/2/20 2/202
9 n 4hE e	Uen +That CIK QUMS +ances
Warranta	Upange in the torms about /
In construing this instrument, where the context	so requires the singular includes the plural
IN WITNESS WHEREOF the undersigned has e	xecuted this instrument on September 23, 2019
in william william, the anteringhed has e	TANKE ZA
	X F I I I II II
	a de
	Jagg O, 11.010
	VI. III
STATE OF OREGON, Coun	ty of <u>Alamath</u> ss.
This instrument was a	acknowledged before me on September 23, 2019 ,
by Jimmie C. Tho	_ 001
	Sugare Margaret Earle
OFFICIAL STAMP SUZANNE MARGARET EARLE	Notac Public for Oregon
NOTARY PUBLIC - OREGON	My commission expires
COMMISSION NO. 981921	way commussion expires

*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)).