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NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED

2022-009190

Klamath County, Oregon

Returned at Counter



00303792202200091900010014

07/27/2022 10:59:33 AM

Fee: \$82.00

SPACE RESERVED  
FOR  
RECORDER'S USE

SHERRIE D. CROSS  
4551 DOUGLAS AVE  
KLAMATH FALLS, OR. 97601

Owner's Name and Address

JAYMIN SCOTT LEE BENNETT  
- AND -  
GARY DEAN PEDERSEN

Beneficiary's Name and Address

After recording, return to (Name and Address):

SHERRIE D. CROSS  
4551 DOUGLAS AVE  
KLAMATH FALLS, OR. 97601

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

SHERRIE D. CROSS  
4551 DOUGLAS AVE  
KLAMATH FALLS, OR. 97601

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, SHERRIE D. CROSS

owner of the real property described below,

whose address is 4551 DOUGLAS AVE, 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):

LOT 7, BLOCK 8, STEWART ADDITION IN THE CITY OF  
KLAMATH FALLS, IN THE COUNTY OF KLAMATH, STATE  
OF OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

I designate GRANDSON - JAYMIN SCOTT LEE BENNETT @ 4514 DOUGLAS AVE. KLAMATH FALLS, OR. - AND - HUSBAND - GARY DEAN PEDERSEN  
whose mailing address, if available, is @ 4551 DOUGLAS AVE. 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 7-27-22

Sherrie D Cross

STATE OF OREGON, County of KlamathThis instrument was acknowledged before me on July 27, 2022by Sherrie D Cross

OFFICIAL STAMP  
CATHY S MASON  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 1011649  
MY COMMISSION EXPIRES APRIL 26, 2025

Cathy S Mason

Notary Public for Oregon

My commission expires April 26, 2025

\*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)).