2022-011772 Klamath County, Oregon



Recording requested by:

09/30/2022 11:13:02 AM

Fee: \$97.00

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Space above this line for recorder's use

Oregon Transfer on Death Deed (Beneficiary Deed)

I, BRIAN MONTEZ, , with a mailing address of 1508 BARTON RD, #279		
REDLANDS, CA. 92373 (hereinafter referred to as the "Owner")		
being of competent mind and having the legal capacity to execute this document, as		
owner transfer on death to ELUCEMONTEZ with a mailing address of		
1508 BANTON RO, #278 REDLANDS, PA. 92373 (hereinafter referred		
to as the "Primary Beneficiary") as grantee beneficiary, the following described interest		
in real estate:		
REAL PROPERTY DESCRIPTION ACCOUNT NOI 469335		
CODE: 036 PCL: 400		
MAP: 3817-015D0-03300		
ACRES: 0.21		
Legal description of the property (including square, suffix, and lot number)		
If the Primary Beneficiary does not survive me, I designate MORGHAN MONTEZ		
with a mailing address of 1508 BARTON RD #279 REOLANDS, CA. 92373		
(hereinafter referred to as the "Alternate Beneficiary") as grantee beneficiary.		
This Transfer on Death Deed is revocable. It does not transfer any ownership until the		
death of the owner. It revokes all prior beneficiary designations by this owner for this		

interest in real estate. The grantor has the right to withdraw or rescind this deed at any time. Any beneficiaries named in this deed are hereby advised that this deed may be withdrawn or rescinded whether or not money or any other consideration was paid or given.

TWACE STAINE

Owner's

Signature

Date

Primary Beneficiary's Name

Primary Beneficiary

9-7-2022

Date

Alternate Beneficiary's Name

Alternate Beneficiary's

Signature Program.

Date

see attached (A Acknowledgment for Seal.

CIVIL CODE § 1189 **CALIFORNIA ACKNOWLEDGMENT** 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 personally appeared 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 MICHAEL R. PONCE paragraph is true and correct. Notary Public - California San Bernardino County WITNESS my hand and official seal. Commission # 2272425 My Comm. Expires Jan 16, 2023 Signature Place Notary Seal and/or Stamp Above Signature of Notary Public 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: Mcrahan Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: □ Corporate Officer – Title(s): □ Corporate Officer – Title(s): □ Partner - □ Limited □ **S**eneral □ Partner - □ Limited □ □ Individual Attorney in Fact Attorney in Fact □ Individual

¹ Companies and the state of the state of

□ Trustee

Signer is Representing:

□ Other:

□ Guardian or Conservator

□ Guardian or Conservator

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Signer is Representing:

☐ Trustee

☐ Other:

CALIFORNIA 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.		
personally appeared Mochan	Nichcell Ponce, Votory Public Here Insert Name and Title of the Officer E Montez 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.		
MICHAEL R. PONCE Notary Public - California San Bernardino County Commission # 2272425 My Comm. Expires Jan 16, 2023	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.	
Place Notary Seal and/or Stamp Above	Signature of Notary Public	
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: Oregon Transfe Document Date: 9-7-22 Signer(s) Other Than Named Above: Brice N	Number of Pages:	
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer – Title(s): Partner – Limited General Individual Attorney in Fact Guardian or Conservator Other: Signer is Representing:	☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other:	

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