BL NO PART OF ANY STEVENS-NESS FOR	RM MAY BE REPI
	2023-000929 Klamath County, Oregon
	01 B 54 5 GL SI D BHA B 11 401011 1 11 1 14 1 14 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NO 10 TO 20 TO 17 COSTS CO. C.	00311412202300009290010016
Mark J Thurson 34121 Castle Court Owner's Name and Address	02/10/2023 09:26:21 AM Fee: \$82.00
Hannah Thompson 5130 Larch lane	SPACE RESERVED
Beneficiary's Name and Address After recording, return to (Name and Address):	FOR RECORDER'S USE
Until requested otherwise, send all tax statements to (Name and Address):	
Same	
No Change	
NOTICE TO OWNER: You should carefully read all information of form must be recorded before your death or it will not be effection.	on this form. You may want to consult a lawyer before using this form. The ive. (Type or legibly print all information.)
TRANSFE	ER ON DEATH DEED
whose address is 34121 Castle Court Chilo	quin 97674, owner of the real property described below
	ted below, all of my right, interest and title in that certain real propert
with the tenements, hereditaments and appurtenances thereund County, State of Oregon	to belonging or in any way appertaining, situated in
TOTAL VALVA & LANGON DIVIED I	KNOLL according to the official plat thereof on file
Lot 20, BLOCK 2, Tract 1021, WILLIAMSON RIVER In the office of the County Clerk of Klamath County, interest in and to the following described property si	
interest in and to the following described property si E.W.M.:	tuate in Section 20, 2000 i
The Easterly 60 feet of that portion of Government Lo	ts 40, 41, 44, and 45, lying south of the Williamson
River Knoll Subdivision and North of the Williamson Ri	iver. CONTINUE DESCRIPTION ON REVERSE)
I designate Hannah Thompson	
whose mailing address, if available, is 5130 Latth	Jane
as my primary beneficiary* if that person survives me. (Optional) I designate	Lauren Thompson 7824 East Langell Vally Road Bonanza OR 97623
whose mailing address, if available, is	valid was actionized of 1 fors
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 re-	quires, the singular includes the plural.
IN WITNESS WHEREOF, the undersigned has execut	ed this instrument on 2-7-25
	Mark J Thompson
STATE OF OREGON, County of	Mark J Thompson
STATE OF OREGON, County of This instrument was acknowly the state of t	Mark J Thompson
STATE OF OREGON, County of This instrument was acknowly OFFICIAL STAMP	Mark J Thompson
This instrument was acknowly This	Mark J Thompson

**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)).