# Returned at Counter Terry Ondo

| Pre | nare           | d By       | ,.  |
|-----|----------------|------------|-----|
|     | <b>,,,,</b> ,, | <b>u D</b> | , . |

Name: Shirley Lockman Address: 2606 California Ave Klamath Falls, OR 97601

# **After Recording Return To:**

Name: Shirley Lockman Address: 2606 California Ave Klamath Falls, OR 97601

## Until a Change is Requested, Mail Tax Statements To:

Name: Shirley Lockman Address: 2606 California Ave Klamath Falls, OR 97601

Klamath County, Oregon



03/24/2023 12:22:19 PM

Fee: \$87.00

Space above this line for recorder's use only

# OREGON TRANSFER ON DEATH DEED

# 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.

### **IDENTIFYING INFORMATION.**

Owner or Owners Making This Deed:

Owner Full Name: Shirley Jean Lockman Marital Status: Single Mailing Address: 2606 California Ave Klamath Falls, Oregon 97601 Owner Full Name: Marital Status: Mailing Address:

# Legal Description of Property:

Lots 1 and 2 in Block 101 of Klamath Falls Forest Estate Highway66 Unit #4 According to the Offical Plat thereof on File in the Office of County Clerk of Klamath Falls, Oregon

Together with a 1992 Fleetwood Manufactured Home, Plate #X218416 and a 1974 Nashu Manufactured Home, Plate #X102254

3711-C2560-009000 / 800

3934891 / 393498

M-218416

873291

M-102254

44017

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]



| PRIMARY BENEFICIARY. I designate the following beneficiary if the beneficiary survives me.  |   |  |  |
|---|---|--|--|
| Full Name: Donald DuCette   | Marital Status: Single  |  |  |
| Mailing Address: 34809 Gibbon LN Bonanza Oregon 97  | 7623  |  |  |
| ALTERNATE BENEFICIARY (OPTIONAL). If m designate the following alternate beneficiary if the   |   |  |  |
| Full Name:  | Marital Status:   |  |  |
| Mailing Address:  |   |  |  |
| TRANSFER ON DEATH. At my death, I transfer beneficiaries as designated above. Before my de  | •   |  |  |
| SPECIAL TERMS (OPTIONAL).   |   |  |  |
|   |   |  |  |
| IWRITE SPECIAL TERMS HE   | ERE OR ATTACH EXHIBIT BJ  |  |  |
| SIGNATURES OF OWNERS MAKING THIS DE   | EED.  |  |  |
| Owner Signature: Shurley 1 hock<br>Printed Name: Shirley Jean Lockman   | Date: 03/22/2023  |  |  |
| Owner Signature:  | Date:   |  |  |
| Printed Name:   |   |  |  |
|   |   |  |  |
| ACKNOWLEDGMENT.   |   |  |  |
| STATE OF Oregon COUNTY OF Klamath   |   |  |  |
| I, the undersigned, a Notary Public in and for sai<br>Shirley Jean Jackman whose na<br>who is known to me, acknowledged before me of<br>of the instrument, they executed the same volun | mes are signed to the foregoing instrument, and<br>on this day that, being informed of the contents |  |  |
| COMMISSIONNO 1006474  | commission Expires: 12/0:7/2024   |  |  |

eSign