

Returned at Counter

Prepared By:

Name: Dennis Richard Teater
Address: 9324 St Andrews Circle
Klamath Falls, Oregon 97603

After Recording Return To:

Name: Dennis Richard Teater
Address: 9324 St Andrews Circle
Klamath Falls, Oregon 97603

Until a Change is Requested, Mail Tax
Statements To:

Name: Dennis Richard Teater
Address: 9324 St Andrews Circle
Klamath Falls, Oregon 97601



00318356202300067200020023

08/08/2023 01:31:40 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: Dennis Richard Teater Marital Status: Widow
Mailing Address: _____

Owner Full Name: _____ Marital Status: _____
Mailing Address: _____

Legal Description of Property:

Real property in the County of Klamath, State of Oregon, described as follows:
Unit A of Building No. 3, Stage II plat or tract 1271 - Shield Crest Condominiums, According to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.
Together with that interest in common areas as disclosed by declaration of Shield Crest Condominiums recorded April 23, 1991 and supplemented by supplemental declaration.
Also together with an undivided interest in all those private roads shown on the plat and more particularly described in declaration recorded in volume M84, page 4256 and in easement recorded may 23, 1990 in volume M90, page 9828, microfilm records of Klamath County, Oregon.

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

eSign

Page 1 of 2

PRIMARY BENEFICIARY. I designate the following beneficiary if the beneficiary survives me.

Full Name: Oran Eric Teater Marital Status: Married
Mailing Address: 1837 NW Duniway Ct, Bend, Oregon 97703

ALTERNATE BENEFICIARY (OPTIONAL). If my primary beneficiary does not survive me, I designate the following alternate beneficiary if that beneficiary survives me.

Full Name: Jane Evey Teater Marital Status: Married
Mailing Address: 1837 NW Duniway Ct, Bend, Oregon 97703

PRIMARY BENEFICIARY. I designate the following beneficiary if the beneficiary survives me.

Full Name: Oran Eric Teater Marital Status: Married
Mailing Address: 1837 NW Duniway Ct, Bend, Oregon 97703

ALTERNATE BENEFICIARY (OPTIONAL). If my primary beneficiary does not survive me, I designate the following alternate beneficiary if that beneficiary survives me.

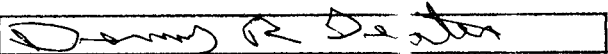
Full Name: Jane Evey Teater Marital Status: Married
Mailing Address: 1837 NW Duniway Ct, Bend, Oregon 97703

TRANSFER ON DEATH. At my death, I transfer my interest in the described property to the beneficiaries as designated above. Before my death, I have the right to revoke this deed.

SPECIAL TERMS (OPTIONAL).

[WRITE SPECIAL TERMS HERE OR ATTACH EXHIBIT B]

SIGNATURES OF OWNERS MAKING THIS DEED.

Owner Signature:  Date: 8/8/23
Printed Name: Dennis Richard Teater

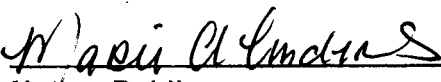
Owner Signature: Date:
Printed Name:

ACKNOWLEDGMENT.

STATE OF OREGON
COUNTY OF KLAMATH

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Dennis R Teater whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand this Aug 8th 2023 (mm/dd/yyyy)
MARIE A LINDERS


Notary Public

My Commission Expires: Nov 17th 2023

eSign

