| FORM No. 1338- TRANSFER ON DEATH DEED | © 2011-2023 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR www.steveneness.com |
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| LABB NO PART OF ANY STEVENS-NES | S FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS. |
| 1 | 2024-001437 |
| | Klamath County, Oregon |
| A G T | 8 B 5 6 10 6 6 1 1 1 1 1 1 1 1 |
| After recording, return to (Name and Address): | |
| 1600 RETA LANE | 00325405202400014370020024 |
| KLAMATI+ FALLS OR 97603 | 02/23/2024 03:27:48 PM Fee: \$87.00 |
| | |
| Until requested otherwise, send all tax statements to | |
| (Name and Address): | |
| No change | |
| | |
| | SPACE RESERVED FOR RECORDER'S USE |
| | |
| NOTICE TO OWNER: You should carefully read all in this form. This form must be recorded before your de | nformation on this form. You may want to consult a lawyer before using eath or it will not be effective. (Type or legibly print all information.) |
| | SFER ON DEATH DEED |
| 1. ELBERT G. HENDERSON | <u> </u> |
| | |
| whose mailing address is 6724 Eherlein | Ave. Klamath Falls, OR 97603 |
| | , owner of the real |
| property described below, upon my death, do hereby tra | ansfer to the beneficiary designated below, all of my right, interest and title |
| in that certain real property, with all rights and interests | belonging or relating thereto, situated in <u>Klamath</u> |
| County, State of Oregon, legally described (check one): 2 as follows: | as set forth on the attached Exhibit A, and incorporated by this reference; |
| | |
| LUT 23 IN BLOCK 5, Ira | ct No. 1003 THIRD ADDITION TO MOYINA, |
| Klamath County, Oregon | 7 |
| | |
| | |
| | |
| | |
| | t and Joseph R. Wittbroat |
| where mailing address if available is 10724 E | berlein Ave, Klamath Falls, OR 97603 |
| whose maning address, if available, is | 97603 |
| as my primary beneficiary \ast if that person survives me. | |
| (Optional) I designate | |
| | |
| | |
| as my alternate beneficiary** if that person survives me | : . |
| *ORS 93,961(2) requires that the beneficiary or beneficiaries must be | e specifically identified by name, rather than as part of a class. |
| as my alternate beneficiary** if that person survives me *ORS 93.961(2) requires that the beneficiary or beneficiaries must be | |

**ORS 93.953(2) states that an individual may designate one or more alternate beneficiaries if the primary beneficiary or beneficiaries are not qualified to take the property at the time of death or do not survive the transferor.

property at the time of death or do not survive the transferor.

PUBLISHER'S NOTE: ORS chapter 93 provides that Transfer on Death deeds: (a) Transfer only property that the transferor still owns at time of death, and transfer equal shares with no right of survivorship when multiple beneficiaries are named (93.969); (b) Are always revocable (93.953); (c) Must be recorded before death to be effective (93.961), but do not need to be delivered to designated beneficiaries (93.963); (d) Transfer property without any warranties or covenants of title and subject to the debts of the decedent as well as any liens, mortgages and/or other interests to which the property is subject at time of death (93.969). S-N Form No. 1336 - Transfer on Death Deed - Page 1 of 2

| 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 | ted this instrument on |
| | Ellert De lembra |
| | |
| | |
| STATE OF OREGON. County of | Klamath dged before me on February 22nd 2024 Headyson |
| by | State 10 Elibera G. Henderson |
| · | LIME THE |
| | Notary Public for Oregon My commission expires 100.01, 2020 |

OFFICIAL STAMP KYLIE A. THOMPSON NOTARY PUBLIC - OREGON COMMISSION NO. 1005513

MY COMMISSION EXPIRES NOVEMBER 01, 2024