## APPLICATION FOR RECORDING MANUFACTURED

440-5176 (1/17/COM)

After recording return to:	S REAL PROPERTY				
Diane SMI	Th - Hamath Falls c	R 97603	00326193	202400020390020021	
Send all future tax bills to:  Diane Sm  7115 Twener ct  Check appropriate bo	th Hamath Foods	OR 97603	03/18/2024 03	er (if applicable)	Fee: \$87.0
	LEGAL DESCRI	PTION OF MANUFA			<del></del>
1992 MAKE SAN	<b>⅓</b> HUD numl		FLM31C099 LE IDENTIFICATION		
266333 Home ID	873260	tus Address 71/5	TURNER ct	. Klamath falls o	R 97603
Legal description per ORS 93	.600 or reference number	of previously record	ed deed: (attach a	dditional sheets if need	ded)
Map and Tax Lot Number:					
PRINTED NAME OF OWNER(S)	Diane M	Smith			
PRINTED NAME OF OWNER(S)	(For additional owners, attach	a second sheet)			
MAILING ADDRESS (If different	than situs address) 7//	5 Turner	ct Klan	nathfalls or	97603
					_
SECURITY INTEREST HOLDER	NAME AND ADDRESS (If no se	ecurity interest holder,	write "none." Attach	additional sheet if needed	d.) None
		ACKNOWLEDGMI	ENT	10, 10, 01	
Whitefores			<u> </u>	18/2024	
County Assessor/Tax Collect	or or Escrow Officer	CERTIFICATIO		ate	
<ul> <li>be situated <u>OR</u></li> <li>The owner of the ma</li> <li>The manufactured si improvement to the</li> <li>Each person with a sexemption from own</li> <li>This certification is be recorded document</li> </ul>	ans the manufactured structure anufactured structure holds a retructure is or will be affixed to real property; security interest in the manufacture document; and leing submitted for recording to see being provided to the County Manufactured Home	e and the real property recorded leasehold est the real property and ctured structure and e to the county clerk for ty Assessor in addition	v as described above ate of 20 or more year subject to taxation by ach person with a sectific county in which to the State of Orego certification Form for	ars of the land; y the county in which it is curity interest in the real p the real property is located on Building Codes Division,	located as an property approves the distribution of said for one of its county
X SIGNATURE OF OWNER					
	y of Klamath		<b>a</b>	a	
The foregoing instrume	ent was acknowledged b	efore me this $\frac{1}{2}$		<u>arch</u> ,206	<u>円</u> by
	Signature of Notary Pu	iblic Laler	a Cour	more	
DEPARTMENT OF CONSUMER SUSINESS	My commission expires	s: Aug 8th 20	27	OFFICIAL STAMP KALANI LYNN CRUMME	ir i

2024-002039

Klamath County, Oregon

OFFICIAL STAMP KALANI LYNN CRUMMER NOTARY PUBLIC - OREGON COMMISSION NO. 1039379 MY COMMISSION EXPIRES AUGUST 08, 2027

Returned at Counter

NO PART OF ANY STEVENS NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

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~	v

Ruth E. WATSON
7115 TURNER COURT
Klamath FAlls, OR 97603
Owner's Name and Address Diane M. 5 mith
1111 Prescott
Klamath Falls OR 97601
Beneficiary's Name and Address
After recording, return to (Name and Address):
Ruth E, WATSON 7115 TURNER COURT
Klamath Falls, OR 97603
NUMBER OF THE STATE OF THE STAT

2023-010269 Klamath County, Oregon

0322582023030269001010

11/29/2023 02:15:48 PM

Fee: \$82.00

SPACE RESERVED FOR RECORDER'S USE

Ruth E. Watson
Manch Folls, OR 97603
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. (Type or legibly print all information.)
TRANSFER ON DEATH DEED
KNOW ALL BY THESE PRESENTS that I. Ruth E. Watson
owner of the real property described below whose address is 7115 Turner Court, Klamath Fulls. OR 97603
upon my death, do hereby transfer to the beneficiary designated below, all of my right, interest and title in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in
Lots 46 and 47 in Block 1 of fract No. 1085. COUNTRY GREEN, According to The Official plat Thereof on file in the office of the country clerk of Klamath Country, OREGON; Together with a 1992 mobile Home, plate # X214156
I designate Diane M. Smith  whose mailing address, if available, is 1111 PRESCOTT Klamath FAlls, OF 97601
as my primary beneficiary* if that person survives me.  (Optional) I designate
whose mailing address, if available, is
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 requires, the singular includes the plural.  IN WITNESS WHEREOF, the undersigned has executed this instrument on
STATE OF OREGON, County of Klamath  This instrument was acknowledged before me on 11/27/2023  by Ruth E. Watson
OFFICIAL STAMP  HEIDI C JAMES  NOTARY PUBLIC-OREGON  COMMISSION NO. 1006474  My commission expires 12/07/2024

"ORS \$3.851(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."
"183.953(2)(b) states that an individual may designate one or more "Atternate beneficiaries who take the property only if none of the primary beneficiaries is qualified or survives the trans-

MY COMMISSION EXPIRES DECEMBER 07, 2024

NOTE: CRS S3 provides that Transfer on Death deeds: (a) Transfer only property that the transferor owns at time of death, may not transfer property to designate beneficiaries with right of survivorship, but may designate shares of ownership (\$3.98); (b) Are sharps revocable (\$3.985); (c) Must be recorded before death to be effective (\$3.981(1)(d)), but need not be delivered to designate beneficiaries (\$3.983(1)); (d) Transfer property without any warranties or covenants of title (\$3.989(4)), and subject to all debts of the deceders, as well as to all liens, mortigages and conveyances to which the property may be subject (\$3.989(2)).