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NO PART OF ANY STEVENS-NESS FORM MAY

2024-008799

Klamath County, Oregon



00334370202400087990030030

10/09/2024 10:38:23 AM

Fee: \$92.00

After recording, return to (Name and Address):

Gerard O'Brien  
 Vikki O'Brien  
 2946 Spinnaker Isle N  
 Klamath Falls, Oregon 97601

Until requested otherwise, send all tax statements to  
 (Name and Address):

Gerard O'Brien  
 Vikki O'Brien  
 2946 Spinnaker Isle N  
 Klamath Falls, Oregon 97601

[SPACE RESERVED FOR RECORDER'S USE]

## BARGAIN AND SALE DEED - STATUTORY FORM

Leslie Christman, Trustee of the Survivors Trust Under the  
 Tucker Trust dated January 9, 1998  
 conveys to Gerard O'Brien and Vikki O'Brien Husband + wife

Grantor,

Grantee,

the real property situated in Klamath County, Oregon, legally described (check one): ☐ as set forth on the  
 attached Exhibit A, and incorporated by this reference; ☒ as follows:

Harbor Isles First Addition, Tract 1277 Lot 135

The true consideration for this conveyance is \$15,000. (Here, comply with the requirements of ORS 93.030.)  
 BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PER-  
 SON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON  
 LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS  
 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLIC-  
 ABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE  
 TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT  
 THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010,  
 TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOR-  
 EST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY,  
 UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS  
 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED October 2, 2024 Leslie Christman

STATE OF OREGON, County of \_\_\_\_\_) ss.

This instrument was acknowledged before me on \_\_\_\_\_  
 by \_\_\_\_\_

Notary Public  
 See Attached

ARP

10/02/2024

Notary Public for Oregon

My commission expires \_\_\_\_\_

Dated this <sup>LC</sup> ~~16~~ - 2 day of October, 2024.

Leslie Christman, Trustee of the Survivors Trust, under the Tucker Trust dated January 19, 1998.

By: Leslie Christman, Trustee  
Leslie Christman, Trustee

State of California }ss.

County of \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_, 2020, before me, \_\_\_\_\_  
a Notary Public in and for said state, personally appeared Leslie Christman know or  
identified to me to be the person whose name is subscribed to the foregoing  
instrument as trustee of the Survivor's Trust under the Tucker Trust dated Jan. 19,  
1998, and acknowledged to me that he/she/they executed the same as Trustee.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the  
day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public for the State of California

Commission Expires: May 19, 2028

**Notary Public**  
**See Attached**

ARP 10/02/2024

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Santa Cruz )

On 10/02/2024 before me, Angel Reyes-Pena, Notary Public,  
Date Here Insert Name and Title of the Officer

personally appeared Leslie Christman  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Bargain and Sale Deed - Statutory form  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

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☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_