

2024-010878

Klamath County, Oregon

BL

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED



00336820202400108780010015

12/17/2024 09:23:54 AM

Fee: \$82.00

TAMMY JOELLEN WRIGHT

369 HWY 422

CHILOQUIN OREGON 97624

Owner's Name and Address

CHARLOTTE ELLEN WRIGHT

209 EAST CHOCKTOOT ST

CHILOQUIN OREGON 97624

Beneficiary's Name and Address

After recording, return to (Name and Address)

TAMMY J WRIGHT

369 HWY 422

CHILOQUIN OREGON 97624

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

TAMMY J WRIGHT

369 HWY 422

CHILOQUIN OREGON 97624

SPACE RESERVED
FOR
RECORDER'S USE

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, TAMMY JOELLEN WRIGHT

owner of the real property described below,
whose address is 369 HWY 422 CHILOQUIN OREGON 97624

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 KLAMATH County, State of Oregon, described as follows (legal description of the property):

THAT PORTION OF THE E 1/2 W 1/2 NW 1/4 SE 1/4 OF SECTION 28,
TOWNSHIP 34 SOUTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN,
KLAMATH COUNTY, OREGON, LYING NORTHERLY OF THE CHILOQUIN-AGENCY
HIGHWAY, TOGETHER WITH A TANARACK MOBILE HOME PLATE # X170011,

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

I designate CHARLOTTE ELLEN WRIGHT

whose mailing address, if available, is POST OFFICE BOX 189 CHILOQUIN OREGON 97624

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 November 26, 2024

TAMMY J WRIGHT

Tammy J Wright

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on November 26, 2024

by Tammy J Wright



OFFICIAL STAMP
BRANDI RAE HATCHER
NOTARY PUBLIC - OREGON
COMMISSION NO. 1026154
MY COMMISSION EXPIRES JULY 17, 2026

Notary Public for Oregon

My commission expires

July 17, 2026

*ORS 93.961(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."

**93.953(2)(b) states that an individual may designate one or more "Alternate beneficiaries who take the property only if none of the primary beneficiaries is qualified or survives the transferor."

NOTE: ORS 93 provides that Transfer on Death deeds: (a) Transfer only property that the transferor owns at time of death, may not transfer property to designated beneficiaries with right of survivorship, but may designate shares of ownership (93.969); (b) Are always revocable (93.955); (c) Must be recorded before death to be effective (93.961(1)(d)), but need not be delivered to designated beneficiaries (93.963(1)); (d) Transfer property without any warranties or covenants of title (93.969(4)), and subject to all debts of the decedent, as well as to all liens, mortgages and conveyances to which the property may be subject (93.969(2)).