After recording, return to:
Tina Henderson
4637 Lombard Dr
Klamath Falls, OR 97603

2024-011257 Klamath County, Oregon



12/31/2024 01:14:34 PM

Fee: \$87.00

This space reserved for use by the County Recording Office.

Oregon Transfer on Death Deed

(ORS 93.948 (URPTDA 1) to 93.979 (Relation to Electronic Signatures in Global and National Commerce Act))

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.

TAX STATEMENT

Until a change is requested, all tax statements shall be sent to the following address:

4637 Lombard Dr. Klamath Falls, OR 97603

IDENTIFYING INFORMATION

Owner or Owners Making This Deed (Grantor or Grantors):

Name: Tina Marie Henderson

Address: 4637 Lombard Dr, Klamath Falls, OR 97603

LEGAL DESCRIPTION

FERNDALE 2ND ADDITION Block - 6 Lot - 11

PRIMARY BENEFICIARY

I designate the following beneficiary if the beneficiary survives me (Grantee):

Name: Clint Wade Henderson

Address: 4637 Lombard Dr, Klamath Falls, OR 97603

ALTERNATE BENEFICIARY

If my Primary Beneficiary does not survive me, I designate the following alternate beneficiary if the beneficiary survives me (Grantee):

Name: Kimberlee Addington and Sherry Booth equally

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.

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SPECIAL TERMS (OPTIONAL)
SIGNATURE OF THE OWNER OR OWNERS MAKING THIS DEED
Signature: Jenstenderson Date: Norambe 31 5t/2024 Printed Name: 1ing Henderson
Signature: Date: M/A
NOTARY ACKNOWLEDGMENT A restory public or other officer completing this partificate are fine what the identity of the individual value of read the degree of the control of the individual value of t
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
L certify under PENALTY OF PENALTY under the laws of the state of that the foregoing paragraph is /
WITNESS my hand and official seal. Notary Public: Print Name: Rolhalle Sanders My Commission Expires: May 30 , 2027
(seal) OFFICIAL SEAL Probable Seadon

