2025-007066Klamath County, Oregon

2500070660	

	00345874202500070660020024	
Prepared By:	08/13/2025 08:45:01 AM	Fee: \$92.00
Name: James B. Wendt Address: 73817 Keyser (Node Chilogory over		
Po Box 191 Chemuit OR 9773) After Recording Return To:		
Name: Joines B. Wendt Address: PO Box 191 Chemoit, 012 97731		
Until a Change is Requested, Mail Tax Statements To:		
Name: James B. Wendt Address: P.O. Box 191 Chemint OR 97731		
~ (Space above this line for recorder's use only	
OREGON TRANSFE	R ON DEATH DEED	
NOTICE TO OWNER.		
You should carefully read all information on this using this form.	form. You may want to consult a lawyer before	
This form must be recorded before your death or	r it will not be effective.	
IDENTIFYING INFORMATION.		
Owner or Owners Making This Deed:	. () /	
Owner Full Name: James B. Wei Mailing Address: P.O. Box 191	nd Marital Status: Strugle	
Mailing Address: P.O. Box 191,	Chemuit OR 97731	
Owner Full Name:	Marital Status:	
Mailing Address:		
Legal Description of Property:		
73817 Keyser Circle		
Mt. Scott Meadow, B	lock 24, Lot 30	
Tract 1027 According to	county cierk of Klomata Com	dy Overon
0 - 111- 111 110 1100 21 100	Cloth Cloth of Market	, ,

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

eSign

PRIMARY BENEFICIARY. I designate the following beneficiary in the beneficiary survives me.
Full Name: Craig Steven Harwood Marital Status: Mourred Mailing Address: Z39 Park Drive, Ben Lamond, CA 95005
ALTERNATE BENEFICIARY (OPTIONAL). If my primary beneficiary does not survive me, I designate the following alternate beneficiary if that beneficiary survives me.
Full Name: Marital Status: Mailing Address:
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.
SPECIAL TERMS (OPTIONAL).
W14
SIGNATURES OF OWNERS MAKING THIS DEED. Owner Signature Date: \$\int 1/2 \langle 2 \la
Owner Signature Date: 8/12/25
Printed Name: B. Wend t Owner Signature: Date:
Printed Name:ACKNOWLEDGMENT.
STATE OF Oregon COUNTY OF Klamath
I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that whose names are signed to the foregoing instrument, and
who is known to me, acknowledged before me on this day that, being informed of the contents
of the instrument, they executed the same voluntarily on the day the same bears date.
Given under my hand this 08 12 2025 (mm/dd/yyyy)
OFFICIAL STAMP Notary Public
KATHLEEN A. MAYNARD NOTARY PUBLIC - OREGON COMMISSION NO. 1023161 My Commission Expires: March 31, 30 36