

KNOW ALL MEN BY THESE PRESENTS, That JAMES A. BERGMAN and ROBERTA F. BERGMAN, husband and wife, hereinafter called the grantor, for the consideration hereinafter stated to the grantor paid by JOHN KALITA and ELEANOR C. KALITA, husband and wife, hereinafter called the grantees, does hereby grant, bargain, sell and convey unto the grantees, as tenants by the entirety, the heirs of the survivor and their assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

The N $\frac{1}{2}$ S $\frac{1}{2}$ SW $\frac{1}{4}$ of Section 20, Township 35 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon.

SUBJECT, however, to the following:

1. Rights of the public in and to any portion of the herein described property lying within the limits of roads and highways.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the above described and granted premises unto the said grantees, as tenants by the entirety, their heirs and assigns forever.

And grantor hereby covenants to and with grantees and the heirs of the survivor and their assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances, except as note of record as of the date of this deed and those apparent upon the land, if any, as of the date of this deed;

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 6,000.00.

~~However, the actual consideration paid for this transfer, stated in terms of dollars, is \$ 6,000.00.~~

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this day of July 12, 1975; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires April 29, 1978
STATE OF CALIFORNIA

County of Los Angeles
July 12, 1975

Personally appeared the above named
James A. Bergman & Roberta F. Bergman

and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me:
Notary Public for California
My commission expires

James A. Bergman & Roberta F. Bergman
11438 Cashmere
Los Angeles, CA 90049

John Kalita & Eleanor C. Kalita
P.O. Box 181
Chiloquin, OR 97624

After recording return to:
John Kalita & Eleanor C. Kalita
P.O. Box 181
Chiloquin, OR 97624

Until a change is requested all tax statements shall be sent to the following address:
John Kalita & Eleanor C. Kalita
P.O. Box 181
Chiloquin, OR 97624

STATE OF OREGON, County of

Personally appeared

who, being duly sworn,

each for himself and not one for the other, did say that the former is the

president and that the latter is the

secretary of

and that the seal affixed to the foregoing instrument is the corporate seal

of said corporation and that said instrument was signed and sealed in behalf

of said corporation by authority of its board of directors; and each of

them acknowledged said instrument to be its voluntary act and deed.

Before me:

Notary Public for Oregon
My commission expires

STATE OF OREGON,
County of Klamath

I certify that the within instrument was received for record on the 1st day of DECEMBER, 1975, at 12:37 o'clock P.M., and recorded in book M. 75 on page 15082 or as file/reel number 7760.

Record of Deeds of said county.
Witness my hand and seal of County affixed.

WM. D. MILNE
Recording Officer
By Deputy

FEE \$ 3.00

DECEASED PERSON DATA

PLACE OF DEATH

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

PHYSICIAN'S OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND LOCAL REGISTRAR

CAUSE OF DEATH

CONDITIONS, IF ANY, GAVE RISE TO THE CAUSE (AS THE UNDERLYING CAUSE)

INJURY INFORMATION