FORM No. 716-WARRANTY DEED (Individual or Corporate). [Grantses as Tenants 1-1-74 WARRANTY DEED KNOW ALL MEN BY THESE PRESENTS. T Cline, husband and wife hereinafter called the orantor, for the consideration here clark and Carol L. Clark	inalter stated to the grantor paid by Darrell G.	
hereby grant, bargain, sell and convey unto the grantees	as tenants by the entirety, the heirs of the survivor and their hereditaments and appurtenances thereunto belonging or ap- , State of Oregon, described as follows, to-wit: No to the City of Klamath Falls, olat thereof on file in the	
88	4	
To Have and to Hold the above described and g tirety, their heirs and assigns forever.	name description on reverse sider ranted premises unto the said grantees, as tenants by the en-	
and demands of all persons whomsoever, except those of the true and actual consideration paid for this Thomever, the actual consideration consists of or in	ses and every part and parcel thereof against the lawful claims	
In construing this deed and where the context so changes shall be implied to make the provisions hereof In Witness Whereof, the grantor has executed this	requires, the singular includes the plural and all grammatical apply equally to corporations and to individuals.	
STATE OF OREGON.) ST County of Klamath) ss. December 15 , 19 75	Estelle Cline Estelle Cline TATE OF OREGON, County of	
husband and wife and acknowledged the loregoing instru- ment to be their voluntary act and deed. of before me: VOFFICIALY SEAL	president and that the latter is the secretary of , a corporation, ad that the seal alfixed to the foregoing instrument was signed and sealed in be- all of said corporation by authority of its board of directors; and each of em acknowledged said instrument to be its voluntary act and deed. Before me: (OFFICIAL SEAL) otary Public for Oregon	
	ss. <i>STATE OF OREGON</i> , <i>County of</i> KLANAFH <i>I certify that the within instru-</i>	
CRANTER S NAME AND ADDRESS After recording rolum to: 2014 Aldreniel Sack y Usig NELD 19, 1308 1936 MCMURIC CARE OF 9760 NAME, ADDRESS, ZIP.	ment was received for record on the 16th day of DECENDER	
Until a change is requested all tax statements shall be sent to the following address. 23.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	WM. D. MILNE Recording Officer By Reach May Deputy FEE \$ 3.00	

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