TQ -38-24452 -3 ML 11365 WARRANTY DEED (INDIVIDUAL) VCL M8 POUR 5374 J. W. STIDHAM AND KITTY A. STIDHAM, husband and wife JACK R. KEMNITZER and FREEDA G. KEMNITZER, husband and wife of Klamath _, State of Oregon, described as: _ all that real property situated in the County LOT 11 BLOCK 52 BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, IN THE COUNTY OF KLAMATH, STATE OF OREGON. SUBJECT TO: Regulations, levies, liens and utility assessments of the 1) City of Klamath Falls, Restrictions as shown on the recorded plat of Buena Vista Addition. 24 and covenant(s) that grantor is the owner of the above described property free of all encumbrances except ______ Ē and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above. 30 The true and actual consideration for this transfer is 25,000.00APR 28. Dated this <u>30th</u> day of <u>April</u> 19_82 STATE OF OREGON, County of <u>Klamath</u> Kitty April 30 __) ss. J. W. Stidham and Kitty A. Sitdham _____, 1982___personally appeared the above named instrument to be <u>their</u> voluntary act and deed. and acknowledged the foregoing وه الدع Before me: GTARY Notary Public for Oregon The collar amount should include cash plus all encumbrances existing against the property to which the n110 -If consideration includes other property or value, add the following: "However, the actual consideration consists of or includes other property or value given or promised which is part of the/the whole WARRANTY DEED (INDIVIDUAL) STATE OF OREGON. Stidham and Kitty A. J. W. Stidham) County of_) ss. Klamath I certify that the within instrument was received for record то Jack R. Kemnitzer and Freeda G. Kemnitzer on the_ at 3:42 o'clock PM. and recorded in book M 82 After Recording Return to: ---. i9<u>82</u> on page 5374 Records of Deeds of said County. Witness my hand and seal of County affixed. Mr/Mrs Jack R. Kemnitzer 2427 Berkeley St. Klamath Falls, Ore., <u>Evelyn Biehn</u> Mail tax statements to same as above County Clerk Form No. 0-960 (Previous Form No. TA 16) _____ Title Bν ALS Fee \$4.00 ___ Deputy