

ATC 6-29350

Aspen

TITLE & ESCROW, INC.

WARRANTY DEED (INDIVIDUAL)

LEE W. MATCHETT and JANNETTE M. MATCHETT, husband and wife

convey(s) to GOOD SAMARITAN HOSPITAL, hereinafter called grantor,all that real property situated in the County of Klamath, State of Oregon, described as:

Lot 29, Block 15, Tract No. 1064, FIRST ADDITION TO GATEWOOD, in the County of Klamath, State of Oregon.

"THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES."

THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except SEE ATTACHED EXHIBIT "A"

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$ 59,900.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which)° (Delete between symbols° if not applicable. See ORS 93.030)

In construing this deed and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument this 30th day of October, 19 85.

Lee W. Matchett
Jannette M. Matchett

STATE OF OREGON, County of Klamath) ss.

On this the 30th day of October, 19 85.

Personally appeared the above named Lee W. Matchett and Jannette M. Matchett

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

Before me:

Susan
Notary Public for Oregon
My Commission Expires 2-27-86

Lee W. & Jannette M. Matchett

GRANTOR'S NAME AND ADDRESS

Good Samaritan Hospital

GRANTEE'S NAME AND ADDRESS

After recording return to:

Good Samaritan Hospital

P.O. Box 1068

Cornwallis, Oregon 97339

NAME, ADDRESS, ZIP

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

Good Samaritan Hospital

P.O. Box 1068

Cornwallis, Oregon 97339

NAME, ADDRESS, ZIP

STATE OF OREGON,

ss.

County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19 _____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as document/fee/file/Instrument/microfilm No. _____, Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____

Deputy

EXHIBIT "A"

18042 A.

SUBJECT TO:

1. Regulations, including levies, liens and utility assessments of the City of Klamath Falls.
2. An easement, including the terms and provisions thereof:
 - Dated : June 26, 1905
 - Recorded : May 18, 1907
 - Book : 22
 - Page : 479
 - In favor of : United States of America
 - (no specific location of record)
3. An easement, including the terms and provisions thereof:
 - Dated : May 1, 1945
 - Recorded : May 15, 1945
 - Book : 176
 - Page : 284
 - In favor of : California Oregon Power Company
 - For : Right of way for pole lines
 - (no specific location)
4. Restrictions, but omitting restrictions, if any, based on race, color, religion or national origin, as shown on the recorded plat of First Addition to Gatewood.
5. Covenants, easements and restrictions, but omitting restrictions, if any, based on race, color, religion or national origin, imposed by instrument, including the terms thereof:
 - Recorded : September 3, 1976
 - Book : M-76
 - Page : 13888

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
 of November A.D., 19 85 at 4:02 o'clock P M., and duly recorded in Vol. M85
 of _____ Deeds on Page 18042.

FEE \$9.00

Evelyn Biehn
By

County Clerk

Wm Smith