

OK

69798

BARGAIN AND SALE DEED

Vol. 1980 Page 23991

KNOW ALL MEN BY THESE PRESENTS, That FORREST FREID

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto SOUTHEAST OREGON RURAL HEALTH NETWORK, INC., an Oregon Non-Profit Corporation hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Lot 1 in Block 1, situated on Chocktoot Street and Wasco Avenue in West Chiloquin, Chiloquin, Oregon.

DEC 29 PM 3 07

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ -0- THIS IS A CHARITABLE DONATION.

Howsoever the actual consideration consists of or includes other property or value given or promised which is back of the consideration (indicate which) (The number between the symbols @ if not applicable should be deleted. See ORS 23.022)

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 29th day of DECEMBER, 1986; 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.

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.

Forrest Freid FORREST FREID

(If the signer of the above is a corporation, use the form of acknowledgment opposite.)

(ORS 194.570)

STATE OF OREGON, County of Klamath } ss. The foregoing instrument was acknowledged before me this December 29, 1986, by FORREST FREID

STATE OF OREGON, County of) ss. The foregoing instrument was acknowledged before me this , 19 , by president, and by secretary of

PUBLIC Notary Public for Oregon My commission expires: 8-90

Notary Public for Oregon My commission expires: (If executed by a corporation, affix corporate seal)

FORREST FREID P. O. Box 335 Chiloquin OR 97624 GRANTOR'S NAME AND ADDRESS

SOUTHEAST OREGON RURAL HEALTH NETWORK, INC. Corner of Wasco & Chocktoot Chiloquin OR 97624 GRANTEE'S NAME AND ADDRESS

After recording return to: Forrest Freid P. O. Box 335 Chiloquin OR 97624 NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address. Southeast Oregon Rural Health Network, Inc. Corner of Wasco & Chocktoot Chiloquin OR 97624 NAME, ADDRESS, ZIP

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 29th day of December, 1986, at 3:07 o'clock P.M., and recorded in book/reel/volume No. M86 on page 23991 or as fee/file/instrument/microfilm/reception No. 69798, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk NAME TITLE By Deputy

SPACE RESERVED FOR RECORDER'S USE

Fee: \$10.00

1000 cc