## 39357 WARRANTY DEED

## Vol. 208 Page

71941 KNOW ALL MEN BY THESE PRESENTS, That IVAN KANDRA and PAULA A. KANDRA,

hereinatter called the grantor, for the consideration hereinatter stated, to grantor paid by ERIC F. BONDSHU husband and wife ..., hereinafter called and CATHLEEN M. BONDSHU, husband and wife the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of ......Klamath ........ and State of Oregon, described as follows, to-wit:

Lot 9, Block 3, Tract No. 1091, Lynnewood, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

## (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. And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

Subject to easements and rights of way of record and apparent on 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 \$98,500.00......

DHewever, the setual consideration consists of or includes other property or value given or promised which is write sonsideration (indicate which).<sup>(1)</sup> (The sentence between the symbols <sup>(1)</sup>, it not applicable, should be deleted. See ORS 93.030.) In construing this deed and where the context so requires, the singular includes the plural and all grammatical

. 1987; it a corporate grantor, it has caused its name to be signed and seal offixed by its officers, duly authorized thereto by

his

of its board of directors.

| VIUCI VA AND AVAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IF. WILLIAM                             |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY I<br>SCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LA<br>SCRIBED IN THIS INSTRUMENT ON SPECTRE SIGNING OF ACCEPTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ND Ivan Kandra                          |                                                                                                                                         |
| SCRIBED IN THIS INSTITUTIONS. BEFORE SIGNING OR ACCEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HE                                      | Kancha                                                                                                                                  |
| HIS INSTRUMENT, THE CHECK WITH THE APPROPRIATE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OR Jaula U:                             |                                                                                                                                         |
| ROPERTY SHOULD CHECK WITH THE APPROVED USES.<br>OUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FAULA A                                 | (101 G ) 59.                                                                                                                            |
| TATE OF OREGON,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE OF CALLS                          | , 19                                                                                                                                    |
| · <b>Flamath</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Personally appeared .                   |                                                                                                                                         |
| County of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                                                                                                         |
| 詩 나는 것 사람들이 가 가슴 가지 않는 것 같아요. 그는 것 같아요. 가 가지 않는 것 같아요. 가 나는 않는 것 같아요. 가 나는 것 같아요. 가 나는 않는 않는 것 같아요. 가 나는 않 ? 가 나는 것 같아요. 가 나는 것 않는 것 같아요. 가 나는 것 같아요. 가 나 같아요. 가 나는 것 같아요. 가 나는 것 같아요. 가 나 ? ? ? 가 나 이 ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? |                                         | the the other, did say that the former is the                                                                                           |
| Personally appeared the above named                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | Didsident and that the                                                                                                                  |
| T Kendra and Paula A-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | secretary of                                                                                                                            |
| in and wille                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | a corporate seal                                                                                                                        |
| and acknowledged the foregoing instru-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and that the seal affixed to            | o the foregoing instrument is the conjugation<br>at said instrument was signed and sealed in be-<br>supported of directors; and each of |
| and acknowledged the foregoing instru-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | half of said corporation by             | st said instrument was signed and ot at of authority of its board of directors; and each of astrument to be its voluntary act and deed. |
| $\sim$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | them acknowledged said in<br>Before me: | (OFFICIAL                                                                                                                               |
| Hetory me han Tulu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Berno                                   | (CITICAL)                                                                                                                               |
| OFFICIAL CHARTER Public for Oregon<br>() Notest Public for Oregon<br>() My commission expires: 6. /6-88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notary Public for Oregon                |                                                                                                                                         |
| SEAL) Notary Public for Oregon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | My commission expires:                  | (If executed by a corporation affix corporate sea                                                                                       |
| My commission expires: 6-/6-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | му соншизают с-                         |                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                         |
| Landra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | STATE OF OREGON,                                                                                                                        |
| ~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | County of                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | I certify that the within instru                                                                                                        |
| GRANTOR'S NAME AND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | I certify that the record on the                                                                                                        |
| Bondshu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | ment was received for record on the March 19                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | at 3:49 o'clock P. M., and recorde                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPACE RESERVED                          | in book/reel/volume No                                                                                                                  |
| GRANTEE'S NAME AND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FOR                                     | page 3396 or as tee/file/instruction                                                                                                    |
| After recording return for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RECORDER'S USE                          | ment/microfilm/reception No71941                                                                                                        |
| LEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | Record of Deeds of said county.                                                                                                         |
| 540 Main NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | Witness my hand and seal                                                                                                                |
| KAMATA JULO, UK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | おかかり コーン 書かる かしい おおし かんさみがかだい かたらたいしん   |                                                                                                                                         |
| ADDRESS TIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | Annaly allived                                                                                                                          |
| NAME, ADDRESS, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ddress.                                 | County affixed.                                                                                                                         |
| Until a change is requested all tax statemonts shall be sent to the following a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | jddress.                                | 방법은 방법은 특별 일부가 있는 것이 같은 것이 가지 않는 것이 가지 않는 것이 있는 것이 있는 것이 없는 것이 없다.                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sidness.                                | 방법은 방법은 특별 일부가 있는 것이 같은 것이 가지 않는 것이 가지 않는 것이 있는 것이 있는 것이 없는 것이 없다.                                                                      |
| Until a change is requested all tax statements shall be sent to the following a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sdress.<br>Fee: \$10.00                 | County affixed.<br><u>Evelyn Biehn, County Clerk</u><br>NAME<br>NAME<br>Depu                                                            |