<u>FORM No. 943—WARRANIY DIFD—STATUIORY FORM (Individual Granter).</u> 77840 WARRANTY DEED-STATUTORY FORM M87 Page 14144 RUTH A. WILSON INDIVIDUAL GRANTOR conveys and warrants to L. RENEE LEWIS, a single woman,Grantor, Lot 5 Block 17, EWAUNA HEIGHTS ADDITION to the City of Klamath Falls, in the County of Klamath, State of Oregon. More commonly known as: 101 Lincoln Street, Klamath Falls, Oregon SUBJECT TO: Regulations levies, liens and utility assessments of the City of Klamath Falls, 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. The said property is free from encumbrances except those of record 03 \sim The true consideration for this conveyance is \$ 22,300.00 (Here comply with the requirements of ORS 93.030) which sum represents perpetual adult foster care for the grantor for the Ē. ٢. Dated this 5th day of August , 1987 -Ruth A. Wilson This instrument was acknowledged before me on August 5 by RUTH A. WILSON, 1987 m (SEAL) Notary Public for Oregon My commission expires 10-24-88 3 LIC WARRANTY DEED RUTH A. WILSON 0 STATE OF OREGON, L. RENEE LEWIS GRANTOR GRANTER -55. County of Klamath GRANTEE'S ADDRESS, ZIP After recording return to: I certify that the within instru-MICHAEL C. MILLER ment was received for record on the 601-Main-Street, Suite-210-----Klamath Falls OR 97601-6007 at 1.2:0.3... o'clock P....M., and recorded SPACE RESERVED in book/reel/volume No...M8.7...... on FOR page ...14144 or as fee/file/instru-RECORDER'S USE NAME, ADDRESS, ZIP ment/microfilm/reception No.7.7.8.40, Until a change is requested, all tax statements Record of Deeds of said county. shall be sent to the following address: Witness my hand and seal of L. Renee'Lewis 101 Lincoln Street County affixed. Klamath Falls OR 97601 Evelyn Biehn, County Clerk NAME NAME, ADDRESS, ZIP TITLE By FAm Lin Fee - \$10.00 Deputy

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