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DONALD J. LEGGET and ELIDA LEGGET, husband and wife

convey(s) to ____LEONA U. LENSMAN

, hereinafter called grantor,

5930

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County of Klamath all that real property situated in the __, State of Oregon, described as:

Lot 8, Block 1, BELLA VISTA TRACT NO. 1235, 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 DEPART-MENT 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 PLAN-NING DEPARTMENT TO VERIFY APPROVED USES.

ACCRUED INTEREST

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

The true and actual consideration for this transfer is \$_Exchange sideration 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 OPS or one of the second seco (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 10 \pm day of March 19 88

Legge NA Elida Legget _)ss.

STATE OF OREGON, County of ____Klamath March 10

Donald J. & Elida Legget

___, 19 <u>88 .</u>

Personally appeared the above named _____ Donald J. Legget and Elida Legget and acknowledged the foregoing

instrument to be ______ ___ voluntary act and deed. Before me: W 1asVo Notáry Public for Oregon

My Commission Expires:

STATE OF OREGON,

		SS.
GRANTOR'S NAME AND ADDRESS		County ofKlamath
<u>Leona U. Lensman</u>		I certify that the within instrument
		was received for record on the <u>15th</u> day
		of, 19 _ <u>88</u> _,
GRANTEE'S NAME AND ADDRESS		at _4:15 o'clock _PM., and recorded
r recording return to:	SPACE RESERVED	in book/reel/volume No on
<u>Leona U. Lensman</u>	FOR	page <u>5930</u> or as document/fee/file/
C/0 P.O. Box 474	RECORDER'S USE	instrument/microfilm No. 86339
Stayton DR 97383		Record of Deeds of said county.
NAME, ADDRESS, ZIP		Witness my hand and seal of County
a change is requested all tex statements shall be sent to the following address.		affixed.
<u>Leona U. Lensman</u>		
		NAME TITLE
NAME, ADDRESS, ZIP		By Sinetha A beloch Deputy
1	Fee \$	10.00