	M-32225 EO	
	Aspe	W, INC. Vol 1988 Page 6967
86335	WARRANTY DEED	(INDIVIDUAL)
FRANK A. SU	ICCO and BEVERLY SUCCO, husb	and and wife , hereinafter called grantor,
convey(s) to	DYCE A. STEPHENS	all that real property situated in the
Klar	nath, State of Oregon, de	
	Block 16 of INDUSTRIAL ADDI nty of Klamath, State of Org	TION to the City of Klamath Falls, egon
In the coo		
		WHEALT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE
THIS INSTRUME	ENT DOES NOT GUARANTEE THAT ANY	RUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE ROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPART. PARTICULAR USE MAY BE MADE OF THE PROPERTY IECK WITH THE APPROPRIATE CITY OR COUNTY PLAN-
	THIS HIGHLER DUED LIGES	
and covenant(s) that grantor is the owner of the above	e described property free of all encumbrances except
		who may lawfully claim the same, except as shown above.
sideration con	rue and actual consideration for this transists of or includes other property or val h)° (Delete between symbols°, if not app onstruing this deed and where the contex ITNESS WHEREOF, the grantor has execut	licable. See Ond science, includes the plural.
	(1) oth)SS.
Appil	sonally appeared the above named _FI	RANK A. SUCCO and BEVERLY SUCCO.
Instrument	to be their voluntary act and	deed. fore me: <u>Mannen</u> <u>Addington</u> Notary Public for <u>Oregon</u> My Commission Expires. <u>3-22-59</u>
		CTATE OF OREGON,
6100 Klama	A. & Beverly Succo S. 6th Street Th Falls, OR 97601 GRANIOR'S NAME AND ADDRESS A. Stephens	County of <u>Klamara</u> I certify that the within instrum was received for record on the <u>2nd</u>
1766 Klama	Main Street ath Falls, OR 97601 GRANTEE'S NAME AND ADDRESS	at <u>3:18</u> oclock <u>1</u> m, <u>M88</u> space RESERVED in book/reel/volume No. <u>M88</u> FOR page <u>6967</u> or as dccument/fee/
Joyc 1766 Klam	e A. Stephens Main Street Nath Falls, OR 97601	Record of Deeds of said fourity. Witness my hand and seal of Co affixed.
Until a change	NAME, ADDRESS, Ell is requested all tax statements shall be sent to the following address.	Evelyn Biehn, County Cler NAME Bys Constitute Aprilia De Fee \$10.00
	NAME, ADDRESS, ZIP	Fee \$10.00 FORM

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