NAME, ADDRESS, ZIP

FORM No. 1456—DEED—PERSONAL REPRESENTATIVE (Individual or Corporale). OA 89317 PERSONAL REPRESENTATIVE (Individual or Corporale).	PRESENTATIVE'S	DEED VOLY	n88 Page 11290
10-19/24		ar July	
THIS INDENTURE Made this 14th Celia Swift between the duly appointed, qualified and acting personal repr	esentative of	the estate of	Viola L. Swift
the duly appointed, qualified and acting personal rep-	TI b and 81	, deceased, hereir	nafter called the first party, and
George E. Yates and Ellen V. Laces, hereinafter called the second party; WITNESETH: For value received and the consideration here first party has granted, bargained, sold and conveyed the said second party and second party's heirs, succes the said deceased at the time of decedent's death, and ceased by operation of the law or otherwise may have County of Klamath State of Orego The West one-half of Lot 8 in B ACRES, according to the officia	sinafter stated, and by thes sors-in-intered all the right thereafter and, described lock 1 old plat the plat t	d, the receipt where presents does great and assigns all the title and interection of the control of the contro	reof hereby is acknowledged, the ant, bargain, sell and convey unto I the estate, right and interest of st that the said estate of said derain real property situate in the ITION TO ALTAMONT ile in the office of ING THEREFROM the
the County Clerk of Conveyed to North 5 feet thereof conveyed to Deed Volume 362 at page 462, De	o Klamat ed Recor	h County 10 ds of Klama	th County, Oregon.
Tax Account No.: 3909 003CA 01	1000		
(IF SPACE INSUFFICIENT TO HAVE AND TO HOLD the same unto the	T, CONTINUE DESC	RIPTION ON REVERSE SII	d party's heirs, successors-in-interest
TO HAVE AND TO HOLD the same unto the and assigns forever. The true and actual consideration paid for the true and actual consideration consists of or in	ne sara secon	e purity	of dollars, is \$ 6,000.00
and assigns forever. The true and actual consideration paid for @However, the actual consideration consists of or in	this transfer	, stated in terms property or value	given or promised which is part of the the whole
OHowever, the actuar consideration			cornoration.
©However, the actual consideration consists of the consideration (indicate which). IN WITNESS WHEREOF, the said first it has caused its corporate name to be signed here.	party has ex	ecuted this institu s corporate seal a	ffixed by its officers duly authorized
1 1 and other Plante to a we		Elea Si	
thereunto by order of its Bound	TANY .C.	Ella Su	
THIS INSTRUMENT DOES NOT GUARANTEE THAT THIS INSTRUMENT DOES NOT GUARANTEE THAT PARTICULAR USE MAY BE MADE OF THE PROPERTY O			A D
PARTICULAR USE MAY BE MADE OF THE PARTICULAR OF THE PA		Perstate of	Sonal Representative Viola L. Swift Deceased.
PLANNING DEL ANTICOLOR			
NOTE—The sentence between the symbols ①, If not applicable, should b	e deleted. See ORS	93.030.) ss.
on ontrolly	SIMIL		y of) ss. , 19
. 1911 - Program de la companya del companya de la companya del companya de la c	Pe	rsonally appeared .	who, being duly sworn,
July 14 ,19 00.			
Celia L. Swift	•		secretary ofsecretary
ment to be her voluntary act and deed	and that of said half of them s	t the seal affixed to corporation and that said corporation by cknowledged said it Before me:	the foregoing instrument is the corporate sea said instrument was signed and sealed in be suthority of its board of directors; and each o instrument to be its voluntary act and deed (OFFICIA
(OFFICIAL) JAMES AND	Notary	Public for Oregon	SEAL) (If executed by a carporation affix corporate ser
Notaly Public for Oregon My commission expires: 7/13/89	Му сол	mmission expires:	
Celia f. Swift personal Rep. of			STATE OF OREGON,
Viola L. Swift			County of Klamath State of the within insti
DOX 900 Jarriman Kt	167603		I certify that the within on the
George E. Yates			3 5 3 4 of 111 V 17.10
			2.19 Sclock F.M. and record
Klamath Falls, Oregon 97603		SPACE RESERVED	in book/reel/volume No
GRANTEE'S NOME AND		FOR RECORDER'S USE	mont/microfilm/reception NUMAN.
			Tooks of Said Coulty.
Grantee			Witness my hand and sear
NAME, ADDRESS, ZIP			County affixed.
Until a change is requested all tax statements shall be sent to the	iollowing address.		Evelyn Biehn County C
			By Sauline Mullindou De
Grantee	Fee \$8.00	By Laure Thursday	

Fee \$8.00