	EED-ESTOPPEL (In lieu of fo	reclosure) (Individual or Corporate).	M58565 EC)	STEVENS-N	ESS LAW PUB. CO	PORTLAND, OR. S	97204
-3 ΩK ≥ 2 4 -7	96429	AS, OLA. ESTOPPEL		Vol.	m89	Pada	1463	\$

THIS INDENTURE between DONALD R. MANNING AND LILLIAN MANNING hereinafter called the first party, and THE STATE OF OREGON ACTING BY AND THROUGH THE DIRECTOR hereinafter called the second party; WITNESSETH: OF VETERANS' AFFAIRS

** ORIGINAL NOTE AND MORTGAGE RECORDED IN BOOK M-77 PAGE 1310 RE-RECORDED IN BOOK M-77 PAGE 9093 ASSUMPTION AGREEMENT RECORDED IN BOOK M-83 PAGE 7571

SEE ATTACHED EXHIBIT "B" FOR LEGAL DESCRIPTION

(ACCOUNT NUMBERS: 0290447 R (CODE 8 MAP 3512-3400 TL 200) 0290474 R (CODE 8 MAP 3512-3400 TL 800) 0290483 R (CODE 8 MAP 3512-3400 TL 700) 0290456 R (CODE 8 MAP 3512-3400 TL 500)

together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining;

Department of Veterans' Affairs ment/microfilm/reception No, 700 Summer St. NE Record of Deeds of said county. Salem, OR 97310-1201 Witness my hand and seal of NAME, ADDRESS, ZIP County affixed.		
BONANZA, OR 97623 SS. Bonanza, OR 97623 GRANTOR'S NAME AND ADDRESS County of Uctorans' Affairs I certify that the within instrument Marken AND ADDRESS I certify that the within instrument Bonanza, OR 97310-1201 I certify that the within instrument GRANTER'S NAME AND ADDRESS I certify that the within instrument After micording return to: I certify that the within instrument Department of Veterans' Affairs o'clock 700 Summer St. NE I corroter's use Salem, OR 97310-1201 I certify that the within instrument NAME, ADDRESS, ZIP I certify that the within instrument Wahl a change is requested all tax statements shall be sent to the following address. Department of Veterans' Affairs 700 Summer St. NE NAME Salem, OR 97310-1201 I tax statements shall be sent to the following address. Department of Veterans' Affairs NAME 700 Summer St. NE NAME Salem, OR 97310-1201 Deputy	DONALD R. MANNING	· · · · · · · · · · · · · · · · · · ·
Bonanza, OR 97623 GRANTOR'S NAME AND ADDRESS Department of Veterans' Affairs I certify that the within instrument was received for record on the day of	Rt 1, Box 18	l Vee
Department of Veterans' Affairs 700 Summer St. NE Salem, OR 97310-1201 GRANTEE'S NAME AND ADDRESS After recording return to: Department of Veterans' Affairs 700 Summer St. NE Salem, OR 97310-1201 NAME, ADDRESS, ZIP Valid a change is requested all tax statements shall be sent to the following address. Department of Veterans' Affairs NAME, ADDRESS, ZIP Valid a change is requested all tax statements shall be sent to the following address. Department of Veterans' Affairs 700 Summer St. NE Salem, OR 97310-1201 NAME, ADDRESS, ZIP Valid a change is requested all tax statements shall be sent to the following address. Department of Veterans' Affairs 700 Summer St. NE Salem, OR 97310-1201	Bonanza, OR 97623	County of
700 Summer St. NE of ,19,at Salem, OR 97310-1201 o'clock M., and recorded GRANTEE'S NAME AND ADDRESS space RESERVED o'clock M., and recorded After micording rotum to: Department of Veterans' Affairs or as fee/file/instrument/microfilm/reception No, Record of Deeds of said county. or as fee/file/instrument/microfilm/reception No, Record of Deeds of said county. Salem, OR 97310-1201 Witness my hand and seal of County affixed. Vahil a change is requested all tax statements shall be sent to the following address. numer St. NE Department of Veterans' Affairs NAME 700 Summer St. NE NAME Salem, OR 97310-1201 Department of Veterans' Affairs 700 Summer St. NE By Salem, OR 97310-1201 Department	GRANTOR'S NAME AND ADDRESS	V certify that the within instrument
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Department of Veterans' Affairs ment/microfilm/reception No, 700 Summer St. NE Record of Deeds of said county. Salem, OR 97310-1201 Witness my hand and seal of NAME. ADDRESS. ZIP Ocumpation Valid a change is requested all tax statements shall be sent to the following address. Department of Veterans' Affairs 700 Summer St. NE NAME Salem, OR 97310-1201 Deputy	After recording return to:	FOR page or as fee/file/instru-
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Until a change is requested all tax statements shall be sent to the following address. Department of Veterans' Affairs 700 Summer St. NE Salem, OR 97310-1201 By	Salem, OR 97310-1201	Witness my hand and seal of
Department of Veterans' Affairs 700 Summer St. NE Salem, OR 97310-1201 By Deputy	NAME, ADDRESS, ZIP	County affixed.
700 Summer St. NE NAME Salem, OR 97310-1201 By	Until a change is requested all tax statements shall be sent to the following address.	
700 Summer St. NE NAME Salem, OR 97310-1201 By	Department of Veterans' Affairs	
		/NAME TITLE
NAME, ADDRESS, ZIP	Salem, OR 97310-1201	By Deputy
	NAME, ADDRESS, ZIP	

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TO HAVE AND TO HOLD the same unto said second party, his heirs, successors and assigns forever. And the first party, for himself and his heirs and legal representatives, does covenant to and with the second party, his heirs, successors and assigns, that the first party is lawfully seized in fee simple of said property, free and clear of incumbrances except said mortgage or trust deed and further exceptNONE

that the first party will warrant and forever defend the above granted premises, and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, other than the liens above expressly excepted; that this deed is intended as a conveyance, absolute in legal effect as well as in form, of the title to said premises to the second party and all redemption rights which the first party may have therein, and not as a mortgage, trust deed or security of any kind; that possession of said premises hereby is surrendered and delivered to said second party; that in executing this deed the first party is not acting under any misapprehension as to the effect thereof or under any duress, undue influence, or misrepresentation by the second party, or second party's representatives, agents or attorneys; that this deed is not given as a preference over other creditors of the first party and that at this time there is no person, co-partnership or corporation, other than the second party, interested in said premises directly or indirectly, in any manner whatsoever, except as aforesaid.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$...... NONE...... [®]However,-the-actual-consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which)

In construing this instrument, it is understood and agreed that the first party as well as the second party may be more than one person; that if the context so requires, the singular shall be taken to mean and include the plural; that the singular pronoun means and includes the plural, the masculine, the feminine and the neuter and that, generally, all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the first party above named has executed this instrument; if first party is a corporation, it has caused its corporate name to be signed hereto and its corporate seal affixed by its officers duly authorized thereunto by order of its Board of Directors.

Dated			1
THIS INSTRUMENT WILL NOT ALLOW		11 brall 1	n.
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			(
		TO THE	······
PROPERTY SHOULD CHECK WITH T COUNTY PLANNING DEPARTMENT TO	NE APPROPRIATE C	ITY OR Delean Manne	n-a /
	CONT ATTROVED US		
(If the signer of the above is a corporation,		LILLIAN MANNING	()
use the form of acknowledgment coposite.) STATE OF OREGON,	(ORS 10	94.570)	0
	Ş	STATE OF OREGON, County of	
County of Klamath) ss.	The loredoing instrument	JSS.
	• • • • • • •	The foregoing instrument wa	s acknowledged before methis
The foregoing instrument was ac		, 19, by	
me this	, 19, by	president, and by	
DONALD R: MANNING A	ND	secretary of	,
 LILLIAN MANNING 			
The wood of the A		a corporation	on behalf of the corporation.
Etimila a	NKA		
(SEAL)	Public for Oregon	Notary Public for Oregon	
My commission expires:	3-26.92	My commission expires:	(SEAL)
		Wy commission expires:	
			(If executed by a corporation,
NOTE-The sentence between the symbols (), i	if not applicable, should be	delated. See OR5 93.030.	affix corporate seal)
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EXHIBIT "B"

PARCEL 1

The SENEENEE, EESWE and the SEE of Section 34, Township 35 South, Range 12 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

PARCEL 2

Section 34, Township 35 South, Range 12 East of the Willamette Meridian, in the County of Klamath, State of Oregon, the SE4NE4,

EXCEPTING THEREFROM that portion of the $SE_4^{+}NE_4^{+}$, (also known as the Clark Chocktoot Allotment #1001), lying East of the Klamath County Road, and that portion of said allotment lying West of the Klamath County Road and described by metes and bounds as follows:

Beginning on the West boundary of Klamath County Road right of way, which point bears West; 40.0 feet from the quarter section corner common to Sections 34 and 35, Township 35 South, Range 12 East of the Willamette Meridian; thence West 150.0 feet along the South boundary of said SE4NE4, Section 34; thence North 370.0 feet; thence East, 95.0 feet; thence South 14° 46' East, 97.5 feet along said road right of way line; thence continuing on said right of way along the arc of a 6° 16' curve, a distance of 235.8 feet, the long chord bears South 7° 23' East 235.2 feet; thence South 42.4 feet along said road right of way line to a point of beginning.

PARCEL 3

A parcel of land lying in Section 35, Township 35 South, Range 12 East of the Willamette Meridian, in the County of Klamath, State of Oregon, described as follows:

Those parts of the S\S\NW\NV\ and of the SW\NV\ lying Northwesterly of Indian Service Road S-65 commonly known as Godowa Springs Road.

STATE OF OREGON: COUNTY OF KLAMATH: 55

Filed fo	or record at request	of		Asp	en Title Co	2			the	25th	day
of	Jan	_ A.D.,	19	<u>. 89 </u> a	t <u>11:15</u>	_ o'clock	A. M.	, and duly	recorded in V	/ol. <u>M89</u>	,
		of			eds		on Page	1463			
						E	velyn B:	iehn	County Clerk		
FEE	\$1 8. 00					B	y Da	uline	mull	nolore	