NLAMATH COUNTY TITLE COMPANY



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839 Mar

97996

K-41256 STATUTORY WARRANTY DEED (Individual or Corporation)

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_____ and State of Oregon.

MAY M. REVIS

_			 Grantor
conveys and warrants to	L.R.	MITTNACHT	
			rantee

the following described real property in the County of KLAMATH

Lot 2 in Block 3 of Stewart Addition, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This property is free of liens and encumbrances, EXCEPT:

SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND APPARENT ON THE LAND.

The true consideration for this conveyance is 5 20,000.00 (Here comply with the requirements of ORS 93.030*).

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 THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

DATED this 9th day of March 19 89 If a corporate grantor, it has caused its name to be signed by resolution of its board of directors.

WG.

MAY M. REVIS

STATE OF OREGON. County of Klamath CORPORATE ACKNOWLEDGEMENT STATE OF OREGON, County of ____)ss.)55. The doregoing instrument was acknowledged before me 13th day of <u>starch</u> 19 89 May M. Reuis The foregoing instrument was acknowledged before me this day of 19 this by and by PU RILC by of . OF ORE a corporation, on behalf of the corporation. n. bea A + 4 Ñ Notary Public for Oregon My commission expires: 12-19-92 STATE OF OREGON. SS: County of Klamath After recording return to: Filed for record at request of: L.R. Mittnacht 4719 Sierra Place Klamath County Title Co. Klamath Falls, ORegon 97603 on this <u>14th</u> day of <u>March</u> A.D., 19 89 NAME, ADDRESS, ZIP _____ o'clock ____A.M. and duly recorded 9:24 at . Until a change is requested all tax statements shall be sent to the following address: in Vol. <u>M89</u> of <u>Deeds</u> Page <u>4241</u> County Clerk Evelyn Biehn Same as Above By Dauline mullindal Deputy. Fee, \$8.00 OTIC 508 NAME, ADDRESS, ZIP