

OK

99483

SPECIAL WARRANTY DEED—STATUTORY FORM  
INDIVIDUAL GRANTOR

Grantor,  
Jack F. Bosse  
 conveys and specially warrants to Richard H. Vanderwall and his wife, Vanderwall Grantee,  
 the following described real property free of encumbrances created or suffered by the Grantor except as specifically set forth herein, situated in Klamath County, Oregon to-wit:

see attached "Memorandum of Contract"

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The said property is free of all encumbrances created or suffered by the Grantor except

The true consideration for this conveyance is \$ 35,000.00 (Here comply with the requirements of ORS 93.030)

Paid in full.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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

STATE OF OREGON, County of Lane

Personally appeared the above named JACK F. Bosse

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

Margerie L. King  
 Notary Public for Oregon—My commission expires: 7-29-90



## SPECIAL WARRANTY DEED

GRANTOR  
 GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

Richard Vanderwall  
17212 N.E. Pacific  
Portland, Or. 97230

NAME, ADDRESS, ZIP

Until a change is requested, all tax statements shall be sent to the following address:

NAME, ADDRESS, ZIP

SPACE RESERVED  
 FOR  
 RECORDER'S USE

STATE OF OREGON,

County of \_\_\_\_\_

I certify that the within instrument was received for record on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_ or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_. Record of Deeds of said county. Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_ Deputy

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