WARRANTY DEED	ROW, INC. (INDIVIDUAL)
WILLIAM H. CAIN and HARLENE E. CAIN,	husband and wife , hereinafter called grantor,
convey(s) to JAMES J. DUNPHY and VICTORI	A DUNPHY, husband and wifeall that real property situated in the
County of Klamath , State of Oregon	n, described as:
Lot 3, Block 2, FOREST GREEN, in the C	
SUBJECT TO: 1. Subject to rules and regulations of 2. Conditions, Restrictions as shown 3. This property lies within and is a of the Klamath River Acres Road Distr 4. Finding of Facts & Order in the M Conditional Use Permit NO. 24-85, rec Page 10528.	subject to the levies and assessment ict.
	NSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE LE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPART
THIS INSTRUMENT DOES NOT GUARANTEE THAT AN DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD	NY PARTICULAR USE MAY BE MADE OF THE PROPERTY CHECK WITH THE APPROPRIATE CITY OR COUNTY PLAN-
and covenant(s) that grantor is the owner of the ab	pove described property free of all encumbrances except
See above	ns who may lawfully claim the same, except as shown above.
The true and actual consideration for this to sideration consists of or includes other property or v (indicate which)° (Delete between symbols°, if not a in construing this deed and where the con IN WITNESS WHEREOF, the grantor has exec 19 89-	transfer is \$ 105,000.00 However, the actual con- value given or promised which is the whole consideration applicable. See ORS 93.030) ntext so requires, the singular includes the plural. cuted this instrument this <u>12tH</u> day of <u>SEPTEMBER</u> , <u>William D. Cann</u>
	Chilene E. Cain
STATE OF OBEGON, County of <u>Thamath</u> September 12, 1	<u> </u>
HARLENE E. (AIN Instrument to be <u>THEIR</u> voluntary act ar	11 natio Manauce
	Notary Public for _ (Kegner My Commission Expires
	STATE OF OREGON,
GRANTOR'S NAME AND ADDRESS	County of <u>Klamath</u> I certify that the within instrumer was received for record on the 12th da of <u>Sept</u> , 19 89
GRANTEE'S NAME AND ADDRESS Atter recording return to: The recording return to:	of
Sto Main St 540 Main St	Witness my hand and seal of Cour affixed.
NAME, ADDRESS, ZIP Until a change is requested all fex statements shall be sent to the following addres 10.000 AU AUAA	Evelyn Biehn, County Clerk
<u>/{{}}}</u>	By Dauline Mulinday Dep
NAME, ADDRESS, ZIP	Fee \$8.00 FORM 685