	Lomatik County Ti	LE COMPAI	Vol. <u>^m89</u> _Pa	ge 23437
	STATU (Ir	41902 IORY WARRAN dividual or Corpor	TY DEED ation) <u>title as HANS RALDOLPH SI</u>	MONSEN
	AND NANCY ANN SIMO			, Grantor,
conveys and warrants	to in the County of	Klamath	and State of (Oregon.
Lots 21 and according to Clerk, Klama	22, Block 3, Industrial the official plat there th County, Oregon.	Addition to the of on file in	he City of Klamath Falls, the office of the County	
and those a drainage.	pparent upon ene		is of way, and easements r liens for irrigation an thereof, recorded May 1	9, 1978
	eed, including the terms 78 on page 10644, Mortga al Savings and Loan Asso pay according to the ter	医乳液的复数 经减轻公司 网络小子属的小	s thereof, recorded May 1 Klamath County in favor o 1 Trust Deed Grantee herei Ions, contained therein.	of Klamath in agrees to
- This property is fr	ee of liens and encumbrances, EXC	P T :		
2 22 23 24 26 26 26 26 26 26 26 26 26 26 26 26 26	ration for this conveyance is \$	41,750.00	(Here, comply, with the requireme	nts of ORS 93.030*).
	ENT WILL NOT ALLOW USE OF AND USE LAWS AND REGULATIO E PROPERTY SHOULD CHECK W	THE PROPERTY NS. BEFORE SIGN 1TH THE APPROP	DESCRIBED IN THIS INSTRUMENT NG OR ACCEPTING THIS INSTRUM RIATE CITY OR COUNTY PLANNIN	r in violation of Ment, the person IG DEPARTMENT TO
THIS INSTRUM APPLICABLE LA ACQUIRING THI VERIFY APPRO	ENT WILL NOT ALLOW USE OF IND USE LAWS AND REGULATIO E PROPERTY SHOULD CHECK W VED USES.	THE PROPERT NS BEFORE SIGN TH THE APPROP	DESCRIBED IN THIS INSTRUMENT NG OR ACCEPTING THIS INSTRUM MATE CITY OR COUNTY PLANNIN Corporate grantor, it has caused its	r IN VIOLATION OF MENT, THE PERSON IG DEPARTMENT TO name to be signed by
THIS INSTRUM APPLICABLE LA ACQUIRING THI VERIFY APPRO DATED this _2 resolution of its	ENT WILL NOT ALLOW USE OF IND USE LAWS AND REGULATIO E PROPERTY SHOULD CHECK W VED USES. 7th_ day of <u>November</u> board of directors.	THE PROPERT NS BEFORE SIGN TH THE APPROP	DESCRIBED IN THIS INSTRUMENT NG OR ACCEPTING THIS INSTRUM RIATE CITY OR COUNTY PLANNIN	r IN VIOLATION OF MENT, THE PERSON IG DEPARTMENT TO name to be signed by
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