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NAME, ADDRESS, ZIP Until a change is requested all tax statements shall be sent to the following address.

OREGON

NAME, ADDRESS, ZIP

JAMES S. SAY

PO BOX 133 CHILOQUIN, ----

KNOW ALL MEN BY THESE PRESENTS, That DAVID L. SAY

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto

Witness my hand and seal of

Evelyn Biehn, County Clerk

By Lauline Mullendon Deputy

County affixed.

JAMES S. SAY

hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of KLAMATH , State of Oregon, described as follows, to-wit:

LOT 6, BLOCK 4, WINEMA PENINSULA UNIT NO. 2, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

To Have and to Hold the same unto the sai	d denotes and denotes?	VERSE SIDE)		
The true and actual consideration poid to	a grantee and grantee s	neirs, successors and assigns forever.		
The true and actual consideration paid for Thowever, the actual consideration associate at	t tills transfer, stated if	terms of dollars, is \$ 100.00		
[®] However, the actual consideration consists of the whole consideration (indicate which). [®] (The sente	or includes other prop	erty or value given or promised which i		
In constrains this deed where the content	nce between the symbols ①, i	f not applicable, should be deleted. See ORS 93.030.		
In construing this deed, where the context	so requires, the singu	lar includes the plural and all grammatica		
changes shall be made so that this deed shall apply	y equally to corporation	ns and to individuals.		
In Witness Whereof, the grantor has execute	ed this instrument this	day of AUGUST , 19 90		
if a corporate grantor, it has caused its name to be	e signed and its seal aff	ixed by an officer, duly authorized thereto		
by order of its board of directors.	10, -0	10.		
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERT SCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCE	TAND J DAVITO T	SAY		
THIS INSTRUMENT. THE PERSON ACQUIRING FEE TITLE TO PROPERTY SHOULD CHECK WITH THE APPROPRIATE CIT COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED US	O THE			
(if the signer of the above is a corporation, use the form of acknowledgment opposite and affix corporate seal.)				
STATE OF OREGON.	STATE OF OREGON.			
County of KLAMATH ss.	County of) > ss.		
This instrument was acknowledged before me on		his instrument was acknowledged before me on		
AUGUST 6 ,1990 ,by	19by			
DAVID Be SAY Dand & Sey	as			
JAMES S. SAY James Story				
La ann Koston		•••••••••••••••••••••••••••••••••••••••		
Notary Public for Oregon	Notary Public for Oregon	***************************************		
L. My. commission expires: 9/18/92	My commission expires:	(SEAL)		
	very commission expires.			
ODINIES IN SAY				
""HO30"BOX 185		STATE OF OREGON,		
CHILOQUIN, OREGON 97624		\ss.		
GRANTOR'S NAME AND ADDRESS		County of Klamath		
JAMES S. SAY	1	I certify that the within instru-		
PO BOX 133	en e	ment was received for record on the		
CHILOQUIN, OREGON 9762L		19th day of Nov. 19 90		
GRANTEE'S NAME AND ADDRESS		at 12:01 o'clock P.M., and recorded		
After recording return to:	SPACE RESERVED	in book/reel/volume NoM90on		
JAMES S. SAY	FOR RECORDER'S USE	page23108or as document/fee/file/		
PO BOX 133		instrument/microfilm No. 22754 ,		
CHILOQUIN, OREGON 97624		Record of Deeds of said county.		
	1	******		

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)