-WARRANTY DEED-STATUTORY FORM (Individual Grantor): ASDEN 35943 FORM No. 963 EVENS-NESS LAW PUB. CO., PORTLAND, OR. \$7204 Vol<u>mal</u> Page 121 WARRANTY DEED-STATUTORY FORM INDIVIDUAL GRANTOR FRONA B. CRITCHFIELD Grantor, conveys and warrants to .MIKE.MORT..... Grantee, the following described real property free of encumbrances except as specifically set forth herein situated in sources KLAMATH County, Oregon, to-wit; Lot 10, Block 8, SECOND ADDITION, WAGON TRAIL ACREAGES NO. ONE, in the County of Klamath, State of Oregon. a., 151 Maarunnan fyd bon Sas ea lash tata) \$P\$我们,那些你的的时候。 2008 1009 CODE 51 MAP 2309-100 TL 4300 innerstani ya chisher ka IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE The said property is free from encumbrances except THOSE SHOWN ON THE REVERSE SIDE IF ANY 10006 0.523 provide the intervention of the second second second the second s annon millen im 2000 in 2000 Mark al Page 20424, Microff Tecores The true consideration for this conveyance is \$..9,000.00...... (Here comply with the requirements of ORS 93.030) Dated this 7.00 day of JecemBER 19 90 Critchfield THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-SCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND FRONA B. CRITCHFIELD USE LAWS AND REGULATIONS. BEFORE SIGNING OF ACCEPTING THIS INSTRUMENT. THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES. STATE OF OREGON, County of CURSHing Ton This instrument was acknowledged before me on ..... CATHERINE SMALL NOTARY PUBLIC - OREGON (SEAL) Notary Public for Qregon My commission expirely Commission Expires 3/16 WARRANTY DEED STATE OF OREGON. GRANTOR FRONA B. CRITCHFIELD e q GRANTER County of ..... MIKE MORT I certify that the within instru-GRANTEE'S ADDRESS, ZIP ment was received for record on the After recording return to: MIKE MORT SPACE RESERVED HC 61, BOX 1096 in book/reel/volume No...... on FOR page ...... as fee/file/instru-LAPINE. OR. 97739 RECORDER'S USE ment/microfilm/reception No ......, NAME, ADDRESS, ZIP Record of Deeds of said county. Witness/my hand and seal of Until a change is requested, all tax statements shall be sent to the following address: County affixed. SAME AS ABOVE. NAME тітде By..... Deputy NAME, ADDRESS, ZIP

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

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