

OK 25123

WARRANTY DEED--STATUTORY FORM
INDIVIDUAL GRANTOR

Vol. m91 Page 1473

JOSEPH V. PETRELLI, III

conveys and warrants to GUY R. WOLCOTT

Grantee, the following described real property free of encumbrances except as specifically set forth herein situated in KLAMATH County, Oregon, to-wit: The N1/2 of the SE1/4 of the NW1/4 of Section 10, Township 23 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon.

2310-01000-00500

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The said property is free from encumbrances except THOSE SHOWN ON THE REVERSE SIDE IF ANY

The true consideration for this conveyance is \$65,000.00 (Here comply with the requirements of ORS 93.030)

Dated this 22 day of Jan, 1991.

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

STATE OF OREGON, County of Deschutes

) ss.

This instrument was acknowledged before me on

January 22

19.91

by

JOSEPH V. PETRELLI, III

(SEAL)

Notary Public for Oregon

My commission expires 12-11-93

WARRANTY DEED

JOSEPH V. PETRELLI, III

GRANTOR

GUY R. WOLCOTT

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

GUY R. WOLCOTT

P.O. BOX 2007

GRESHAM, OR 97030

NAME, ADDRESS, ZIP

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

SAME AS ABOVE

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of

) ss.

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

91 JAN 23 PM 3 57

44000 2A 300