090 09 14888 ATC#39267

'S2 DEC 15 PH 3 50

55237

Volman Page 29875 $\mathbf{96}$)n TITLE & ESCROW, INC. WARRANTY DEED (INDIVIDUAL)

MARGUERI	TE E. ODEN			nd and wife
	LEO N. BEAUDIN a	nd JOCELYN	BEAUDIN, husba	that real property situated in the
convey(s) to		State of Oregon,		Har Ion Prepary
County of	Klamath ,	state of Uregon,		
n en ang tanan sa				
an a		in the Cour	ty of Klamath	, State of Oregon.
ct 19, PLEA	SANT HOME TRACTS,	in the oour	.0,	
E 41 MAP 39	09-2BA TL 1300			
·			RUMENT IN VIOLATION OF APP	PLICABLE LAND USE LAWS AND REGULATIONS. BEFORE I THE APPROPRIATE CITY OR COUNTY PLANNING DEPART
THIS INSTRUMENT	WILL NOT ALLOW USE OF THE PROPERT	VIRING FEE TITLE TO THE	ROPERTY SHOULD CHECK WITH	CLICABLE LAND USE LAWS AND REGULATIONS. BEFORE THE APPROPRIATE CITY OR COUNTY PLANNING DEPART
SIGNING OF AUCLA	PROVED USES."			WHEN DE MADE OF THE PROPERTY
THIS INSTRU	MENT DOES NOT GUARA		HECK WITH THE AP	MAY BE MADE OF THE PROPERTY PROPRIATE CITY OR COUNTY PLAN-
DESCRIBED	IN THIS INSTRUMENT APPE	OVED USES.		
NING DEPAR	RTMENT TO VENIET ATT			have and except
and covenar	t(s) that grantor is the o	wner of the abo	ve described proper	ty free of all encumbrances except rights, rights of way and the land.
Covenants	of record, if an	trictions, 1	e apparent on	the land.
easements	of record, 11 an	gainst all persons	s who may lawfully cl	aim the same, except as shown above.
and will warr	ant and detend the same a	8		
TL	e true and actual consider	ration for this tra	inster is 5 40,000	<u>).00 </u>
siderayiph/g	onsists of or includes oth lich)? (Delete between sy	nd0/\$% if/\$% AD	plicaple /999 /979 /	singular includes the plural.
μηφης eye /wi	construing this deed and	where the conte	ted this instrument th	singular includes the plural. his <u>/////</u> day of <u>_December</u>
1N	WITNESS WHEREOF, the	grantor has execu		
19 <u>92</u> .			mina	vente E. Oden
			Marguerit	e E. Oden
			Margueric	E 1. 040.
			· · · · ·	
•	OREGON, County of	lamath)ss.	
STATE OF	OREGON, County of	10	92	
Decem	ber <u>19</u>	, 10.		
P	ersonally appeared the at	ove named	te E. Oden	and acknowledged the foregoin
		Marguer1	deed.	\mathcal{O}
Instrumen	TO DO OFFICIAL SEAL		R	h Kener
	BURTARY DUBLIC . OREGON	Be	fore me:	plic for <u>Presen</u>
	COMMISSION NO. 018331 V COMMISSION EXPIRES SEPT. 14, 19	96	Notary Pu	lission Expires: <u>9-N-96</u>
25630 25630	Y LOUNDROOM PARAMETER	Second and a	wy contra	
				STATE OF OREGON,
Marguer	te E. Oden			
· · · · · · · · · · · · · · · · · · ·				County of <u>Klamath</u>
	GRANTOR'S NAME AND ADDRES	s		I certify that the within instrum was received for record on the 15th
Leo N.	Beaudin and Jocelyn B	eaudin		Dec 19_24
1970 101	ard Street			2.50 OCIOCK P M. GIU 1000
T010 MT	Falls, OR 97603	8	SPACE RESERVED	here we alway would be a set of the set of t
Klamath	AND ADDRES			
Klamath	GRANTEE'S NAME AND ADDRES		FOR	page <u>29875</u> or as documentities
Klamath	GRANTEE'S NAME AND ADDRES		FOR RECORDER'S USE	instrument/microfilm No
Aiter recordin Klamath P. 0. I	GRANTEE'S NAME AND ADDRES g notum to: A First Federal Box 5270	· · · · · · · · · · · · · · · · · · ·		instrument/microfilm No
Aiter recordin Klamath P. 0. I	GRANTEE'S NAME AND ADDRES g rotum to: A First Federal Box 5270 Falls, OR 97603			in bookreenvolume training the page29875 or as document/fee/ instrument/microfilm No55237 Record of Deeds of said county. Witness my hand and seal of Co affixed.
Klamath After recordin Klamath P. O. H Klamath	GRANTEE'S NAME AND ADDRES g rotum to: 1 First Federal Box 5270 1 Falls, OR 97603 1 Falls, UNUE ADDRESS ZP			instrument/microfilm No Record of Deeds of said county. Witness my hand and seal of Co affixed.
Klamath After recordin Klamath P. O. H Klamath	GRANTEE'S NAME AND ADDRES g rotum to: 1 First Federal 30x 5270 1 Falls, OR 97603 NAME, ADDRESS, ZIP 5 is requested all tax statements shall be set			Instrument/microfilm No Record of Deeds of said county. Witness my hand and seal of Co affixed.
Klamath After recordin Klamath P. O. H Klamath Until a chang Klamat	GRANTEE'S NAME AND ADDRES g rotum to: 1 First Federal Box 5270 1 Falls, OR 97603 NAME, ADDRESS, ZIP 1 be requested all fax etclements shall be set h First Federal			Instrument/microfilm No Record of Deeds of said county. Witness my hand and seal of Co affixed.
Klamath After recordin Klamath P. O. H Klamath Until a chang Klamath P. O.	GRANTEE'S NAME AND ADDRES g rotum to: 1 First Federal 30x 5270 1 Falls, OR 97603 NAME, ADDRESS, ZIP 5 is requested all tax statements shall be set			Instrument/microfilm No Record of Deeds of said county. Witness my hand and seal of Co