سرام 60646	Page 9101
KNOW ALL MEN BY THESE PRESENTS, That	ALFRED EDGAR and JUDY EDGAR, husband and wife, as HARRIS and FRANCES HARRIS, husband and wife, as to
hereinafter called the grantor, for the consideration	hereinafter stated, to grantor paid by
FAMILY FOOD CENTER, an assumed bus	siness name , hereinafter called cy unto the said grantee and grantee's heirs, successors and assigns,
the certain real property, with the tenements, heredi	taments and appurtenances thereunto belonging or appertaining
situated in the County of Klamath and	State of Oregon, described as follows, to-wit:
PARCEL 1: Lots 6, 7 and 8. ORIGINAL TOWN OF C	HILOQUIN, according to the official plat
thereof on file in the office of the	ne County Clerk of Klamath County, Oregon.
EXCEPTING THEREFROM the South 35 fe	set of Lot 8. South 35 feet of Lot 8 in Block 2 of the ORIGINAL
TOWN OF CHILOQUIN, according to the	Official plat thereof on file in the office of the
- County Clerk of Klamath County, Ore	gon. 8, Block 2, ORIGINAL TOWN OF CHILOQUIN, according
to the official plat thereof on ful	e in the office of the County Clerk of Klamath
Ihis instrument will not allow use of the proper	ty described in this instrument in violation of applicable land use
laws and regulations. Before signing or accepting this check with the appropriate city or county planning	s instrument, the person acquiring fee title to the property should
	#####################################
To Have and to Hold the same unto the said gr	antee and grantee's heirs, successors and assigns forever.
is lawfully seized in fee simple and the above grante	d grantee and grantee's heirs, successors and assigns, that grantor ed premises, free from all encumbrances except all those
of record and those apparent upon the la	and as of the date of this deed
grantor will warrant and forever defend the said pres	and that mises and every part and parcel thereof against the lawful claims
and demands of all persons whomsoever, except tho	se claiming under the above described encumbrances.
The true and actual consideration paid for this XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	transfer, stated in terms of dollars, is \$ 277,000.00 MEX HUNY THE WALLEY BY VALUE AND
YNUK OK UNEX KANSIARIEN ON KUNTKAKKENIK XXXXIN K KAN	ienes dennes diche ispatatis i finia ioppluid des ich dati da in least i i
In constraing this deed and where the context s	o requires, the singular includes the plural and all grammatical
changes shall be implied to make the provisions her	eof apply equally to corporations and to individuals. is instrument this
In Witness Whereof, the grantor has executed the	is instrument this /OF day of February , 19 03 ;
order of its board of directors.	signed and seal affixed by its officers, duly authorized thereto by
	ALFRED EDGAR
STATE OF OREGON, County ofKlamath) ss.	AND ELOC
February / , 19 93	JUDY DGAR
Personally appeared the above named	ROBERT L. HARRIS
ALFRED EDGAR, JUDY EDGAR, ROBERT L.	Frances & Istravoll,
HARRIS AND FRANCES HARRIS	FRANCES HARNIS
and acknowledged the foregoing instrument	
to be their voluntary act and deed.	
Before me: That I . The Late	STATE OF OREGON, County of) ss.
Notary Public for Oregon	The foregoing instrument was acknowledged before me this
My/commission expires: 11/1/4/95	, 19 , by
OFFICIAL SEAL	secretary of
KRISTI L. REDD NOTARY PUBLIC - OREGON	a corporation, on behalf of the corporation.
MY COMMISSION NO. 010431 MY COMMISSION EXPIRES NOV. 16, 1995	Notary Public for Oregon
	My commission expires: (SEAL)
ALFRED EDGAR et al	STATE OF OREGON,
3370 Lake Forest Rd. Chiloquin. OR 97624	
GRANTUR'S NAME AND ADDRESS	County of Klawath I certify that the within instrument was
FAMILY FOOD CENTER P.O. Box 435	received for record on the 28th
Chiloquin, OR 97624	day of <u>April</u> , 19 93 , at 10:22 o'clock A M., and recorded
GRANTLE'S NAME AND ADDRESS	in book <u>M93</u> on page <u>9101</u> or as
After recording return to: FAMTI.Y FOOD CENTER	fle/reel number 60646, Record of Deeds of said county.
P.O. Box 435	Witness my hand and seal of County
Chiloquin, OR 97624 NAME ADDRESS, ZIP	affixed.
Until a change is requested all tax statements shall be sent to the following address. FAMILY FOOD CENTER	
P.O. Box 435	Evelyn Biehn, County Clerk Recording Officer
Chiloquin, OR 97624	By Dauline Millerda Deputy
NAME: ADDRESS, ZIP	Fee \$30.00

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