MOUNTAIN TITLE COMPANY

64444	MOUNTAIN TITLE COMPAIN	¹ Vol. <u> </u>
	MNZ 30259-MIRE	
KNOW ALL MEN BY THESE PRI WESLEY WAYNE SKILLINGSTAD A	ESENTS, That	shand and wife
hereinafter called the grantor, for the	consideration hereinafter stated, to	grantor paid by
CORERTO R. DAVILA and SYLVIA	R. DAVILA, husband and wife	, hereinafter called
he grantee, does hereby grant, bargain	, sell and convey unto the said grantee	and grantee's heirs, successors and assigns, inces thereunto belonging or appertaining,
ne certain real property, with the lensituated in the County of <u>KLAMA</u>	TH and State of Oregon, desc	ribed as follows, to-wit:
	MILLS ADDITION to the City	Te village polic
	cial plat thereof on file in	
County Clerk of Klama	th County, Oregon.	
SUBJECT TO: Trust De	ed, recorded July 23, 1979,	in Volume M79, page
17448, Microfilm-Reco	rds of Klamath County, Orego and Loan Association, as Be	on in lavor of klamath
above named Grantees	hereby agree to assume and r	pay in full.
MOU	INTAIN TITLE CO	MPANY
"This instrument will not allow us	se of the property described in this in:	strument in violation of applicable land use
laws and regulations. Before signing of check with the appropriate city or co	or accepting this instrument, the person nunty planning department to verify a	on acquiring fee title to the property should approved uses."
To Have and to Hold the same u	into the said grantee and grantee's he	eirs, successors and assigns forever.
And said grantor hereby covenants	s to and with said grantee and grantee'.	's heirs, successors and assigns, that grantor
is lawfully seized in fee simple and th	he above granted premises, free from	a all encumbrances except those of
		as the date of this deed and that
grantor will warrant and forever defer	nd the said premises and every part of	and parcel thereof against the lawful claims
and demands of all persons whomsoe	ever, except those claiming under the	above described encumbrances. ms of dollars is \$ 36,000.00
The true and actual consideration	oxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ms of dollars, is \$36,000.00
AMAN'N'A KANKAKAKAKAKAKA	THE TOTAL PROPERTY OF THE TAXABLE PROPERTY OF TAXABLE	
In constraine this deed and whe	re the context so requires, the singul	ar includes the plural and all grammatical
changes shall be implied to make the	e provisions hereof apply equally to	comporations and to individuals
In Witness Whereof the grantor	has executed this instrument this L	day of July , 19 _93 ;
if a corporate grantor, it has caused order of its board of directors.	its name to be signed and seal ajjixe	ed by its officers, duly authorized thereto by
ofuer of its bound of unectors.	Xesuc	Geoter Drid some Skill
STATE OF OREGON.) WESL	EY WAYNE SKILLINGSTAD SR
County of Tondon	-) ss. DORA	May Skillingstad
Personally appeared the above na		생가 있다고 되었다. 하는 사람들은 기를 통해 보고 함께 된다. 그렇게 되고 되어 하는 사람들이 가는 것을 하고 있는 것을 했다.
WESLEY WAYNE SKILLINGSTAD S DORA MAY SKILLINGSTAD		
and acknowledged the foregoin		
to be voluntary fc	t and deed.	
Before me:	SETE OF OREGON.	County of) ss
Notary Public for Oregon		ing instrument was acknowledged before me thi
Mylcommission expires:		19 , by ent, and by
OFFICIAL SEAL	seci	retary of
B. JEAN PHILLIPS NOTARY PUBLIC - OREGON		
COMMISSION NO. 012061 MY COMMISSION EXPIRES MAR. 02, 1		corporation, on behalf of the corporation
CONTRACTOR STREET, STR	Notary Public for Ore	gon
	My commission expir	es: (SEAL
WESLEY WAYNE SKILLINGSTAD	and Dora May SKILLINGSTAD	STATE OF OREGON,
P.O. BOX 2151		
Birtle Creek, 01	C. 97457	County of Klamath
ROBERTOR. DAVILA and SYLVI		I certify that the within instrument wa
2550 DARROW AVE.		received for record on the 12th day of July , 19 93
KLAMATH FALLS, OR 97601		at 3:37 o'clock P.M., and recorde
GRANTEE'S NAME AND ADDRE	ESS SPACE RESERVED	in book M93 on page 16771 or a
ROBERTOR. DAVILA and SYLVI	IA R. DAVILA	file/reel_number64444 Record of Deeds of said county.
2550 DARROW AVE.	RECONDERS USE	
	The state of the s	
KLAMATH FALLS, OR 97601		
NAME, ADDRESS, ZIP		Witness my hand and seal of Count affixed.
NAME, ADDRESS, ZIP Until a change is requested all tax statements shall be sent as the following as	slew	Witness my hand and seal of Counaffixed.
NAME, ADDRESS, ZIP	IA R. DAVILA	Witness my hand and seal of Count