76826

## MTC 31988 mks Mgy Mage 6337

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_DELORIS M. SAUDER

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by RONALD E. SAUDER and LYNETTE A. SAUDER TRUSTEES OF THE RONALD AND LYNETTE SAUDER FAMILY TRUST, dated September hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

\*\*14, 1993

The N1/2 NW1/4 SW1/4 of Section 36, Township 35 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

DITINUE DESCRIPTION ON REVERSE SIDE;
ee and grantee's heirs, successors and assigns forever.  Intee and grantee's heirs, successors and assigns, that grantor is  promises, free from all encumbrances
and that example of the end of th
Notury Public for Oregon My commission expires
STATE OF OREGON,  County of  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 and/or as fee/file/instrument/microfilm/reception No.  Record of Deeds of said County.  Witness my hand and seal of County affixed.

On before	The state of the s	SAAD*	, notary	public,		
personally appeared *	DELORIS M SAUDER*		Attachments with			
	22(600000000000000000000000000000000000	,	(IV) CONTRACTOR AND CONTRACTOR OF SALES	betory evidence		
MERVA MOTARY PIENCE LOS AN	FICAL SEAL T IM ASSARD ULLIC-CALIFORMA PAL OFFICE IN GELES COUNTY	to be the person acknowledged to capacity(ies), an the entity upon l	(s) whose name(s) is/are s; me that he/she/they exect d that by his/her/their sig schalf of which the person d and official seal.	ubscribed to the with	ument the per	son(s), or
Offic	ial Notarial Seal	Notary:	Mewal M	· Janear	<i></i>	
This certificate must be attached to the document described at right.	Title or Type of Document Number of Pages Signer(s) Other Than Named	INDIVIDU 1 Date Above NONE	AL Of Document 02/0	3/94	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~
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