

NA

2735

WARRANTY DEED—STATUTORY FORM
INDIVIDUAL GRANTORVol. M95 Page 18199

Cecil L. Shoemaker and Cathy L. Shoemaker, Grantor,
conveys and warrants to
Cecil L. Shoemaker and Cathy L. Shoemaker husband and wife
Grantee, the following described real property free of encumbrances
except as specifically set forth herein situated in Klamath County, Oregon, to-wit:

lot 20, Block 2, KLAMATH RIVER SPORTSMAN'S ESTATES,
in the county of Klamath, State of Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The property is free from encumbrances except

Those of record, and those apparent on the land.

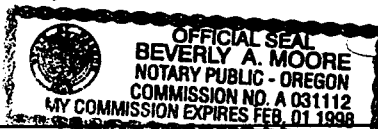
The true consideration for this conveyance is \$6,500.00 (Here comply with the requirements of ORS 93.030)

Dated this 29 day of June, 1995

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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on July 12, 1995, by Cecil L. Shoemaker

Beverly A. Moore
Notary Public for Oregon
My commission expires 2/1/98

WARRANTY DEED

GRANTOR	GRANTEE
CECIL L. SHOEMAKER	
CATHY L. SHOEMAKER	
GRANTEE'S ADDRESS, ZIP	

After recording return to:

Cecil & Cathy Shoemaker
P.O. Box 889
Keno, Oregon 97627-0889

NAME, ADDRESS, ZIP

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

Cecil & Cathy Shoemaker
P.O. Box 889
13231 Antler Dr.
Keno, Oregon 97627-0889

NAME, ADDRESS, ZIP

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/title/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

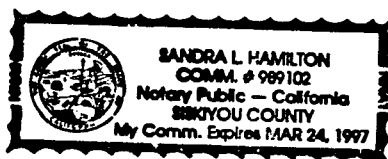
SPACE RESERVED
FOR
RECORDER'S USE

350x

State of California
County of SISKIYOU

On June 29, 1995 before me, Sandra L. Hamilton
(DATE) (NAME/TITLE OF OFFICER-I.e., "JANE DOE, NOTARY PUBLIC")
personally appeared Cathy L. Shoemaker
(NAME(S) OF SIGNER(S))

☒ personally known to me -OR- ☐



proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

(SEAL)

Sandra L. Hamilton
(SIGNATURE OF NOTARY)

ATTENTION NOTARY

The information requested below and in the column to the right is **OPTIONAL**. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT:

Title or Type of Document Warranty Deed-Statutory Form
Number of Pages 1 Date of Document June 29, 1995
Signer(s) Other Than Named Above Cecil L. Shoemaker

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)
☐ INDIVIDUAL(S)
☐ CORPORATE

OFFICER(S) _____ (TITLE)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)
☒ INDIVIDUAL(S)
☐ CORPORATE

OFFICER(S) _____ (TITLE)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

WOLCOTT'S FORM 63237 Rev. 3-94 (price class 8-2A) © 1994 WOLCOTT'S FORMS, INC.
ALL PURPOSE ACKNOWLEDGMENT FOR CALIFORNIA WITH SIGNER CAPACITY/REPRESENTATION/TWO FINGERPRINTS

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Cathy Shoemaker the 14th day
of July A.D., 19 95 at 9:08 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 18199

FEE \$35.00

By Bernetha G. Lorsch County Clerk