

OK

4000

WARRANTY DEED—STATUTORY FORM  
INDIVIDUAL GRANTORVol. M95 Page 20663

Karen R. Linville

OF 26430 S. JARDIN DRIVE, SUN LAKES, AZ 85248 Grantor,  
conveys and warrants to LLIB, A TRUST DATED APRIL 24, 1995, WHOSE TRUSTEES  
ARE WANDA HINTZE AND FRONDA HARRIS

Grantee, the following described real property free of encumbrances  
except as specifically set forth herein situated in KLAMATH County, Oregon, to-wit:

LOTS, 1, 2, 3, AND 4, BLOCK 3, ST. FRANCIS PARK, ACCORDING TO THE OFFICIAL  
PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY,  
OREGON.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The said property is free from encumbrances except

The true consideration for this conveyance is \$ One &amp; no/100 (Here comply with the requirements of ORS 93.030)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-  
SCRIBED 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.

STATE OF OREGON, County of \_\_\_\_\_) ss.

This instrument was acknowledged before me on \_\_\_\_\_

by Karen R. LinvilleNotary Public for  
My commission expires

## WARRANTY DEED

GRANTOR

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

Karen Linville  
26430 S. JARDIN DRIVE  
SUN LAKE, ARIZONA  
85248

NAME, ADDRESS, ZIP

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

Same

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath

I certify that the within instru-  
ment was received for record on the  
4th day of Aug, 19 95,  
at 2:34 o'clock P. M., and recorded  
in book/reel/volume No. M95 on  
page 20663 or as fee/file/instru-  
ment/microfilm/reception No. 4000,  
Record of Deeds of said county.

Witness my hand and seal of  
County affixed.

Bernetha G. Letsch, Co. Clerk

NAME

TITLE

By Imogene Smith Deputy

FEE: \$30.00

00-04-95P02:34 RCVD

30.00  
OK