

**RALPH E. STAFFORD and BARBARA ANN STAFFORD,**  
**TRUSTEES OF THE RALPH E. STAFFORD AND BARBARA ANN STAFFORD REVOCABLE TRUST OF**  
**1992.**

Grantor(s) hereby grant, bargain, sell and convey to  
**JAMES D. BEARD and BRENDA L. BEARD, as tenants by the entirety,**  
grantee(s) and grantee's heirs, successors and assigns the following described  
real property, free of encumbrances except as specifically set forth herein in  
the County of **KLAMATH** and State of Oregon, to wit:

Lot 26, Block 9, TRACT NO. 1050, WINEMA PENINSULA, UNIT 3, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any:

and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

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.

The true and actual consideration for this conveyance is \$ 10,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the following address: P.O. Box 47, McCloud, CA 96057

Dated this 26<sup>th</sup> day of August, 1995.

THE RALPH E. STAFFORD AND BARBARA ANN STAFFORD  
REVOCABLE TRUST

RALPH E. STAFFORD, Trustee

BY: Robert E. Starnes TRUSTEE

BARBARA ANN STAFFORD, Trustee

BY: \_\_\_\_\_ TRUSTEE

State of ~~Oregon~~ California

County of SAN LUIS OBISPO

The foregoing instrument was acknowledged before me this 26TH DAY OF MAY,  
1995, by RALPH E. STAFFORD and ~~xxxxxxxxxxxxxx~~President and by BARBARA ANN STAFFORD,  
~~Secretary of Trustees of THE RALPH E. STAFFORD AND BARBARA ANN STAFFORD REVOCABLE TRUST~~  
~~XXXXXXXXXXXXXXXXXXXXX~~

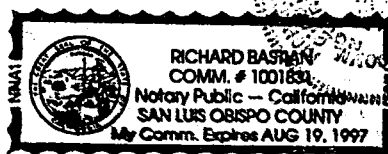
WITNESS My hand and official seal.

Notary Public for ~~Oregon~~ California  
My Commission expires: AUG. 19-1997

Return to:  
JAMES D. BEARD

P.O. Box 47  
McCloud, CA  
96057

(seal)

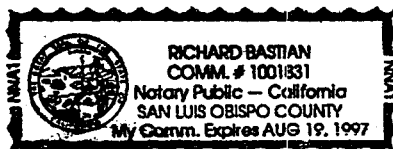


State of CALIFORNIA  
County of SAN LUIS OBISPO

On Aug. 26-1995 before me, RICHARD BASTIAN, Notary  
(DATE) (NAME/TITLE OF OFFICER-I.e., "JANE DOE, NOTARY PUBLIC")

personally appeared RALPH E. STAFFORD & BARBARA ANN STAFFORD  
(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.

Richard Bastian  
(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

Number of Pages ONE Date of Document Aug. 26-1995

Signer(s) Other Than Named Above 6

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☒ INDIVIDUAL(S)

☐ CORPORATE

OFFICER(S)

(TITLE)

☐ PARTNER(S) ☐ LIMITED

☐ GENERAL

☐ ATTORNEY IN FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER:

THEMSELVES

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)



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 63240 Rev. 3-84 (price class 8-2A) © 1994 WOLCOTT'S FORMS, INC.  
ALL PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY/REPRESENTATION/TWO FINGERPRINTS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 6th day  
of September A.D., 19 95 at 11:50 o'clock A M., and duly recorded in Vol. M95  
of Deeds on Page 23999

FEE \$35.00

By Bernetha G. Leisch, County Clerk