	AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:		
	HAME KENNETH KEM ACTIVE STATE A FORT E PAGE CA THE CORDER NO 15 SCHOWN NO. 15 CHOWN NO. 15 CHO		
	CHARLES AND	SPACE ABOVE THIS LINE FOR RECOR	DER'S USE
	GRANT DEED	DOCUMENTARY TRANSFER TAX \$ computed on full value of property computed on full value less liens an encumbrances remaining at time of	conveyed, cr
		Signature of Declarant or Agent Determining Tax	Firm Name
	FOR VALUABLE CONSIDERATION, receipt of which i	s acknowledged, I (We),	L HOCH
	grant to TREASURE ENTERPRISES		
3	all that real property situated in the City of	TE OF GRANTELISIS	(or in an unincorporated area of)
P.S.	KLAMATH County,	OBECOM	(insert legal description):
91 1111 16.	LOTS 11 AND 12, BLOCK 4, SPRAGUE RIVER, OREGON, SITUATED IN SECTION 14, TOWNSHIP 36 SOUTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON. SUBJECT TO COVENANTS, CONDITIONS, RESERVATIONS, EASEMENTS, RESTRICTIONS, RIGHTS, RIGHTS OF WAY AND ALL MATTERS APPEARING OF RECORD.		
,	Assessor's parcel No. R-3610-014BB-00400		
	Executed on COLA 5 , 1997 at RIVERSIDE, CALIFORNIA		
	(CITY AND STATE) FOR : CALAC HOTEL		
	STATE OF CALLEDRANA		10/1/
	COUNTY OF PIVERSIDE	Top of	
	on 5/5/97 before me, TOAN A	CARKE!	RIGHT THUMBPRINT (Optional)
	personally appeared Instrument and acknowledged to me that heis authorized capacitylies, and that by his/heit iber signature of upon behalf of which the person(p) acted, executed the inctrument behalf of which the person(p) acted, executed the inctrument and acknowledged to me that heis authorized capacitylies, and that by his/heit iber signature of upon behalf of which the person(p) acted, executed the inctrument of the contract of the contr	she/they executed the same in his/he/their- on the instrument the personler, or the entity	TOF OF THUNN HEAL
l	WITNESS my hand and official seal. JAMES MY HAND AND SEAL OF HETARY) ISLAND SEAL OF HETARY) ISLAND SEAL OF HETARY)	JOAN A. CLARKE Comm. \$ 1134560 HOTARY PUBLIC-CALIFORNIA County of Riversids	CAPACITY CLAIMED BY SIGNER(S) DINDIVIDUAL(S) DCORFORATE OFFICER(S)
	MAIL TAX STATEMENTS TO:	My Coma. Expires April 17, 2001	☐PARTNER(S) ☐ LIMITED ☐ GENERAL ☐ ATTORNEY IN FACT ☐ ITUSTEE(S) ☐ GUARDIAN/CONSERVATOR
	Before you use this form, fill in all blanks, and make whatever change transaction. Consult a lawyer if you doubt the form's litness to representation or warranty, express or implied, with respect to the me use or purpose.	is are appropriate and necessary to your particular or your purpose and use. Wolcotts makes no rehantability or fitness of this form for an intended	COTHER: SIGNER IS REPRESENTING: (Name of Persons) or Entrypent
	WCLCOTTS FORM 778 - Rev. 3-946 (price class 3A) GRANT DEED 1994 WOLCOTTS FORMS, INC.	7 67775 39778 9	
	STATE OF OREGON: COULTY OF KLAMATH: 55.		
	Filed for record at request of Kenneth		the 16th day
	of May A.D. 19 97 at of Deeds	3:59 o'clock P·M., and duly recoi	ded in Vol. <u>N97</u>
	FEE \$30.00). Letsch, County Clerk