

NS

43480

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SE Oregon Rural Health Network

P. O. Box 379

Chiloquin, Oregon 97624

Lawrence Lee Cohen, M.D.

103 Wasco - P. O. Box 466

Chiloquin, Oregon 97624

After recording, return to (Name, Address, Zip):

Lawrence Cohen, M.D.

P. O. Box 466

Chiloquin, Oregon 97624

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Lawrence Cohen, M.D.

P. O. Box 466

Chiloquin, Oregon 97624

SPACE RESERVED
FOR
RECORDER'S USE

Fee: \$30.00

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 12th day of August, 1997, at 1:27 o'clock P. M., and recorded in book/reel/volume No. M97 on page 26482 and/or as fee/file/instrument/microfilm/reception No. 43480-Deed, Records of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co.Clerk

NAME

TITLE

By Kathleen Ross, Deputy.

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Southeast Oregon Rural Health Network

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Lawrence Lee Cohen, M.D.

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in 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:

Lots 1,2 and 3, Block 1, West Chiloquin in the County of Klamath, State of Oregon

Includes improvements consisting of 1976 Barrington Mobile Home, I.D. Number WAS006228

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 10.00. ~~However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration.~~ (The sentence between the symbols ~~o~~, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument this 6 day of August, 1997; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

Terry E. Mead, Executive Director

Southeast Oregon Rural Health Network

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on _____, 19____,

by _____ This instrument was acknowledged before me on August 6, 1997,

by Terry E. Mead
as Executive Director

of Southeast Oregon Rural Health Network



Cristina Flogerzi
Notary Public for Oregon

My commission expires 12-05-00