



44501

97 SEP -2 P3:37
ATC 04046535
WARRANTY DEED

Vol. 1797 Page 28756

AFTER RECORDING RETURN TO:
ELIZABETH NAOMI THOMAS
1310 HOLLY AVE.
COLTON, CA 92324

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

ELIZABETH NAOMI THOMAS who acquired title as
ELIZABETH NEOMI THOMAS and GARLAND THOMAS CAPPS, with rights of
suvivorship, hereinafter called GRANTOR(S), convey(s) to
ELIZABETH NAOMI THOMAS hereinafter called GRANTEE(S), all that
real property situated in the County of KLAMATH, State of
Oregon, described as:

TRACT 51 PLEASANT HOME TRACTS NO. 2, in the County of Klamath
and State of Oregon.

Code 41 Map 3909-2AD TL 3700

"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 30.390."

and covenant(s) that grantor is the owner of the above described
property free of all encumbrances except covenants, conditions,
restrictions, reservations, rights, rights of way and easements
of record, if any, and apparent upon the land, contracts and/or
liens for irrigation and/or drainage,

and will warrant and defend the same against all persons who may
lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is
\$18,000.00.

In construing this deed and where the context so requires, the
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument
this 27th day of AUGUST 1997.

AKA

Elizabeth Naomi Thomas
ELIZABETH NEOMI THOMAS

Garland Thomas Capps
GARLAND THOMAS CAPPS

STATE OF CALIFORNIA)
COUNTY OF _____) ss.

On _____ before me,
_____, personally appeared Garland
Thomas Capps 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.

Signature _____
My commission expires: _____

Continued on next page

B24

State of CaliforniaCounty of San BernardinoOn August 27, 1997 before me, Barbara C. Gordon

(DATE)

(NAME/TITLE OF OFFICER i.e. "JANIE DOE, NOTARY PUBLIC")

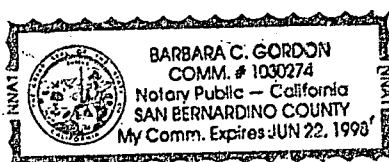
personally appeared Elizabeth Naomi Thomas xxxxxxxxxxxxxxxx

(NAME(S) OF SIGNER(S))

XX

☐ 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)

(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:

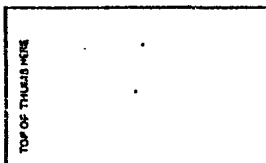
Title or Type of Document _____

Number of Pages _____

Date of Document _____

Signer(s) Other Than Named Above _____

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE _____

OFFICER(S) _____

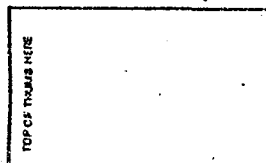
(TITLE)

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

SIGNER IS REPRESENTING:

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

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 0-2A) © 1984 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 Aspen Title & Escrow the 2nd day
of Sept. A.D., 19 97 at 3:37 o'clock P. M., and duly recorded in Vol. M97
of Deeds on Page 28756.

FEE \$35.00

By Bernetha G. Letsch County ClerkKathleen Ross