



59490

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STATUTORY WARRANTY DEED

MERLE WEST MEDICAL CENTER FOUNDATION, INC., AN OREGON NON-PROFIT CORP

conveys and warrants to MICHAEL G. JUSTIN AND ELLEN J. JUSTIN, HUSBAND AND WIFE Grantor,the following described real property free of liens and encumbrances, except as specifically set forth herein:
LOT 10, BLOCK 1 OF HARBOR ISLES, TRACT 1209, ACCORDING TO THE OFFICIAL PLAT
THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON. Grantee,

This property is free of liens and encumbrances, EXCEPT: Reservations and restrictions of record, rights of way, and easements of record and those apparent upon the land, contracts and/or liens for irrigation and/or drainage.

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 consideration for this conveyance is \$ 210,000.00 (Here comply with the requirements of ORS 93.036)Dated this 03 day of June 19 98

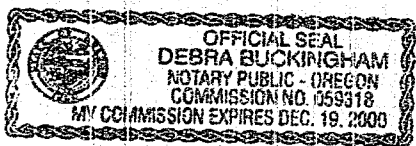
MERLE WEST MEDICAL CENTER FOUNDATION

Donald J. Russo
DON RUSSOSTATE OF OREGON
County of _____ } ss.

BE IT REMEMBERED, That on this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named
MERLE WEST MEDICAL CENTER FOUNDATION, INC. AN OREGON NON-PROFIT CORPORATION BY
DONALD J. RUSSO, DESIGNATED REPRESENTATIVE

known to me to be the identical individual _____ described in and who executed the within instrument and acknowledged to me that HE executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Debora Buckingham
My Commission expires 12-19-2000
Notary Public for Oregon.Title Order No. K-52447
Escrow No. K52447D

After recording return to:

MICHAEL G. JUSTIN
3024 FRONT STREET
KLAMATH FALLS, OR 97601Name, Address, Zip
Until a change is requested all tax statement shall be sent to the following address.MICHAEL G. JUSTIN
3024 FRONT STREETKLAMATH FALLS, OR 97601
Name, Address, ZipSTATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

First American Titleon this 9th day of June A.D., 1998
at 3:19 o'clock P. M. and duly recorded
in Vol. M98 of Deeds Page 19646

Bernetha G. Letsch, County Clerk

By Kristin Rose
Fee, \$30.00

Deputy.