

STATUTORY WARRANTY DEED

Kimball P. McCloud, Trustee of the James and Geneva McCloud Trust dated July 12, 1989, an estate in fee simple, Grantor, conveys and warrants to Ethan Locks, an estate in fee simple, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15 in Block 15, Original Town of Sprague River, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

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. 4,900.00 The true consideration for this conveyance is \$5,000.00 (Here comply with the requirements of ORS 93.030) Dated this day of December , 1999 Kimball P. McCloud, Trustee STATE OF County of This instrument was acknowledged before me on this ____ day of _ ATTACHED Notary Public for Oregon My commission expires: _

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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State ofCalifornia	
County of San Bernardino	
December 16 1000	M Mondalla Natara D. Lit
Date	me, M. Mondello, Notary Public Name and Title of Officer (e.g., "Jane Doe, Notary Public")
	Name(s) of Signer(s) me on the basis of satisfactory evidence to be the person(s)
M. MONDELLO Commission # 1156238 Notary Public - California & San Bernardino County My Comm. Expires Oct 17, 2001	whose name(s) (s)/are subscribed to the within instrument and acknowledged to me that he she that executed the same in his/her/theff authorized capacity (ies), and that by his/her/theirsignature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) executed the instrument. WITNESS my hand and official seal.
fraudulent removal and rea	nay prove valuable to persons relying on the document and could prevent attachment of this form to another document.
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Title or Type of Document:Statutory Wa Document Date: Signer(s) Other Than Named Above:None Capacity(ies) Claimed by Signer(s) Signer's Name: Kimball P. McCloud Individual Corporate Officer Title(s):	Number of Pages: Signer's Name: Individual Corporate Officer
Title or Type of Document:Statutory Wa Document Date: Signer(s) Other Than Named Above:None Capacity(ies) Claimed by Signer(s) Signer's Name: Kimball P. McCloud Individual Corporate Officer Title(s): Partner — _ Limited _ General	Number of Pages: Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General
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