

NS

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 STATE OF OREGON, } ss.
 County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of said County.

Witness my hand and seal of County affixed.

NAME _____ TITLE _____
 By _____ Deputy.

SPACE RESERVED
 FOR
 RECORDER'S USE

FEB 17 AM 11:34

MTC 1396-1629

STEVEN P. SAFFELL
 PHYLLIS A. SAFFELL
 P.O. BOX 1781
 CRESTLINE, CA 92325
Grantor's Name and Address
 TIMOTHY J. & KAREN J. WYMAN
 25351 MONTE VERDE DRIVE
 LAGUNA NIGUEL, CA 92677
Grantee's Name and Address
After recording, return to (Name, Address, Zip):
 TIMOTHY J. WYMAN
 25351 MONTE VERDE DRIVE
 LAGUNA NIGUEL, CA 92677
Until requested otherwise, send all tax statements to (Name, Address, Zip):
 TIMOTHY J. WYMAN
 25351 MONTE VERDE DRIVE
 LAGUNA NIGUEL, CA 92677

WARRANTY DEED - STATUTORY FORM
 (INDIVIDUAL GRANTOR)

STEVEN P. SAFFELL AND PHYLLIS A. SAFFELL, HUSBAND AND WIFE
 _____, Grantor,
 conveys and warrants to TIMOTHY J. WYMAN AND KAREN J. WYMAN,
 AS TENANTS BY THE ENTIRETY _____, Grantee,
 the following described real property free of encumbrances, except as specifically set forth herein, situated in _____
 County, Oregon, to-wit:

THE SOUTHERLY 415 FEET OF THE EASTERLY 1035 FEET OF LOT 16,
 BLOCK 2, KLAMATH FALLS FOREST ESTATES - SYCAN UNIT, IN THE
 COUNTY OF KLAMATH, STATE OF OREGON. (ALSO ERRONEOUSLY DESCRIBED
 AS LOT 16C, BLOCK 2, OF SAID SUBDIVISION.)

TAX ACCT. NO. 008-3313-3000-6200 KEY NO. 181289

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

The property is free from encumbrances, except (if none, so state): COVENANTS, CONDITIONS,
 RESTRICTIONS, RESERVATIONS, RIGHTS, RIGHTS OF WAY AND EASEMENTS
 OF RECORD, IF ANY, AND APPARENT UPON THE LAND.

The true consideration for this conveyance is \$ 10.00 (Here, comply with the requirements of ORS 93.030.)
 TEN DOLLARS AND 00/100

Dated this 4 day of February, 19 2000

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN
 THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGU-
 LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON
 ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPRO-
 PRIATE 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.

Steven P. Saffell
 STEVEN P. SAFFELL
Phyllis A. Saffell
 PHYLLIS A. SAFFELL

STATE OF OREGON, County of _____) ss.

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

SEE ATTACHED

Notary Public for Oregon
 My commission expires _____

AMERITITLE, has recorded this
 instrument by request as an accomodation only,
 and has not examined it for regularity and sufficien-
 or as to its effect upon the title to any real property
 that may be described therein.

26.00
 M

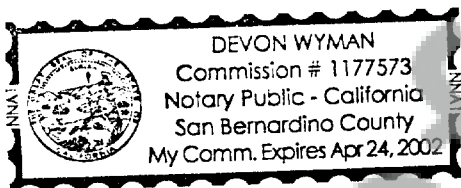
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Bernardino } ss.On Feb 4, 2000, before me, Devon Wyman, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")personally appeared Steven P. Saffell and Phyllis A. Saffell
Name(s) of Signer(s)

☒ personally known to me
☐ 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.



Place Notary Seal Above

WITNESS my hand and official seal.

Devon Wyman
 Signature of Notary Public
OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached DocumentTitle or Type of Document: Warranty Deed - Statutory formDocument Date: Feb 4, 2000 Number of Pages: 1Signer(s) Other Than Named Above: none**Capacity(ies) Claimed by Signer**

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**
 Top of thumb here

State of Oregon, County of Klamath
 Recorded 2/17/00, at 11:34 a.m.
 In Vol. M00 Page 5114
Linda Smith,
 County Clerk Fee \$ 26.00