WARRANTY DEED SURVIVORSHIP	
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KNOW ALL MEN BY THESE PRESENTS, That	James Lee Hatfield
, , , , , , , , , , , , , , , , , , ,	, hereinafter called the grantor,
for the consideration hereinafter stated to the grantor paid by	,

> Legal description of property: Klamath Falls, Oregon 1915 Worden Avenue Second Addition Block 23 Lot 15 & 16

Land and house

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the above described and granted premises unto the grantees, their assigns and the heirs of such survivor, forever; provided that the grantees herein do not take the title in common but with the right of survivorship, that is, that the fee shall vest absolutely in the survivor of the grantees.

And the grantor above named hereby covenants to and with the above named grantees, their heirs and assigns, that grantor is lawfully seized in fee simple of the premises, that same are free from all encumbrances

and that

grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

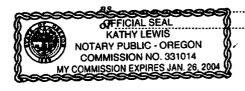
In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that the provisions hereof apply equally to corporations and to individuals.

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.

Tours of Halfield

STATE OF OREGON, County of Lincoln) ss. This instrument was acknowledged before me on Aug. 3	,2000 ,19
This instrument was acknowledged before me on	, 19

My commission expires



Kathy Lewi &

Notary Public for Oregon

Grantor's Name and Address

Jasos Halfield

1915 Washing Add.

Manual Research Address

Grantee's Name and Address

SPACE RESERVED FOR RECORDER'S USE

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

SIMIL MA. MAMIL

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

State of Oregon, County of Klamath Recorded 08/09/00, at 3:59p m. In Vol. M00 Page 29259 Linda Smith,

County Clerk Fee\$ 21 50

1007 900H