

200 SEP 15 PM 3:31

MTL 47665-KR
WARRANTY DEED

Vol M00 Page 33823

LORRAINE N. ALDERSON, TRUSTEE OF THE DIANE FALINI TRUST U/A/D JANUARY 9, 1996,
Grantor(s) hereby grant, bargain, sell, warrant and convey to:
KENNETH C. MOORE and MAUREEN C. MOORE, as tenants by the entirety,
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of KLAMATH and State of Oregon, to wit:

All in Township 33 South, Range 9 East of the Willamette Meridian,
Klamath County, Oregon:

Section 28: SE1/4 SW1/4 and SW1/4 SE1/4

Section 33: NE1/4 NW1/4, NW1/4 NE1/4, E1/2 SE1/4 NW1/4,
SW1/4 NE1/4, W1/2 SE1/4 NE1/4

TOGETHER WITH A 1960 BUDGR MOBILE HOME, PLATE # X221137

ACCT# 3309-00000-500
ACCT# M-221137

KEY# 96103
KEY# 878719

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said 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.

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 and actual consideration for this conveyance is 175,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the
following address: 3130 FRONT STREET, KLAMATH FALLS, OR 97601

Dated this 28 day of August, 2000.

THE DIANE FALINI TRUST U/A/D JANUARY 9,
1996

BY: Lorraine N. Alderson, Trustee Diane Falini Trust
LORRAINE N. ALDERSON, TRUSTEE

See attachment for Notary Acknowledgement

State of _____
County of _____

This instrument was acknowledged before me on _____, _____ by
LORRAINE N. ALDERSON AS TRUSTEE.

(Notary Public)

My commission expires _____

ESCROW NO. MT47665-KR

Return to:

KENNETH C. MOORE
3130 FRONT STREET
KLAMATH FALLS, OR 97601

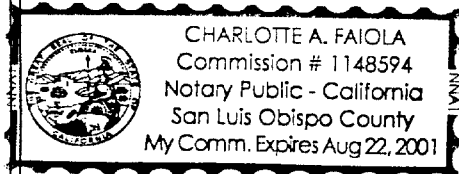
State of CaliforniaCounty of San Luis ObispoOn 8-28-00 before me, Charlotte A. Faiola
(DATE) (NAME/TITLE OF OFFICER-i.e. "JANE DOE, NOTARY PUBLIC")personally appeared Lorraine N. Alderson*****
(NAME(S) OF SIGNER(S))

☐ personally known to me -OR- ☒

State of Oregon, County of Klamath
 Recorded 09/15/00, at 3:31 p. m.
 In Vol. M00 Page 33823
Linda Smith,
 County Clerk Fee\$ 26⁰⁰

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)

Charlotte A. Faiola
 (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 Warranty Deed
 Number of Pages 1 Date of Document 8-28-00
 Signer(s) Other Than Named Above _____

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE _____

OFFICER(S) _____

(TITLE(S))

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

SIGNER IS REPRESENTING:

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

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)☐ CORPORATE _____

OFFICER(S) _____

(TITLE(S))

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

SIGNER IS REPRESENTING:

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

