

Escrow No. <u>K56266S</u> Title No. <u>K56266S</u>

After recording return to:
City of Klamath Falls
500 Klamath
Klamath Falls, OR 97601

Until a change is requested all tax statements shall be sent to the following address:
City of Klamath Falls
500 Klamath
Klamath Falls, OR 97601

| THIS | SPACE | RESERVED | FOR | RECORDER'S | USE |
|------|-------|----------|-----|------------|-----|

Vol. MO1 Page 2051

## STATUTORY WARRANTY DEED

Berthel L. Belcher and Eileen Belcher, Trustees of THE BELCHER FAMILY TRUST, dated May 10, 2000 as community property, an estate in fee simple, Grantor, conveys and warrants to City of Klamath Falls, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

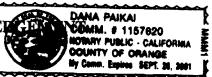
SEE ATTACHED LEGAL DESCRIPTION

This property is free of liens and encumbrances, EXCEPT:

Comm. Expires SEPT. 28, 2001

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.

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGE



|             |                                                                 | OF CALIFORNIA                                                                    | $\{_{\mathbf{SS}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                         |                              |  |  |
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| co          | UNT                                                             | YOF Drange                                                                       | } }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | $\overline{}$                         | $(\circ)$ , $\cap$ .                                                                    | ( ) 0                        |  |  |
| On          | $\supset$                                                       | anuary 1/2, 2001                                                                 | before me,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lana                                  | Haitan Hotas                                                                            | y Tublica                    |  |  |
| per         | onall                                                           | ly appeared DETTHEL L                                                            | . DEICHET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>                              | JEEN DEICHET                                                                            | /                            |  |  |
| pers<br>and | onall<br>ackn                                                   | ly known to me (or proved to me on the lowledged to me that he show they execute | basis of satisfactory evide<br>ed the same in his/her/thei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (nce) to be the                       | e person(s) whose name(s) is are subscrit<br>capacity(ies) and that by his/ber/their si | bed to the within instrument |  |  |
| the         | perso                                                           | on(s) or the entity upon behalf of which                                         | the person(s) acted, execut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ted the instrui                       | ment.                                                                                   | <b>.</b>                     |  |  |
| WI?         | rnes                                                            | SS my hand and official seal.                                                    | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | DANA PAI                                                                                | n Gradina Species of La      |  |  |
| Sign        | atur                                                            | when Vactor                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | S ASSESSED COMM. #                                                                      | 1157020                      |  |  |
|             | (                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | COUNTY O                                                                                | F ORANGE                     |  |  |
|             |                                                                 |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | My Comm. Exp                                                                            | ires SEPT 28. 2001           |  |  |
|             |                                                                 |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | This area for official notaria                                                          | il seal.                     |  |  |
|             |                                                                 |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PTIONA                                |                                                                                         |                              |  |  |
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|             |                                                                 | on me aveament and c                                                             | outa preveni frauduseni rei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | movut ana re                          | unachment of this form to another accum                                                 | meni.                        |  |  |
| DF          | DESCRIPTION OF ATTACHED DOCUMENT  DANA PAIKAI COMM. # 1157020 E |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                         |                              |  |  |
| Т:+:        |                                                                 | Type of Doguments                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ≥ (FICE CENTRAL NOTARY                                                                  | PUBLIC - CALIFORNIA          |  |  |
| 1 11.       | 16 OI                                                           | Type of Document:                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | My Coma                                                                                 | Y OF ORANGE                  |  |  |
| Do          | cum                                                             | ent Date:                                                                        | Nı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | umber of P                            | ages:                                                                                   | **********                   |  |  |
| C:-         |                                                                 | -> -4141                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                         |                              |  |  |
| Sig         | ner (                                                           | s) other than named above                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                                                                         |                              |  |  |
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| CA          | <b>IPA</b>                                                      | CITY(IES) CLAIMED B                                                              | Y SIGNER(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                         |                              |  |  |
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| [           | ]                                                               | INDIVIDUAL                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>-</b> 7}                           | ] INDIVIDUAL                                                                            | Г <del> </del>               |  |  |
| [           | ]                                                               | CORPORATE OFFICER(S)                                                             | Right Thumbprint of Signer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | ] CORPORATE OFFICER(S)                                                                  | Right Thumbprint of Signer   |  |  |
|             |                                                                 | TITLE(S)                                                                         | Top of thumb here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ᆌ                                     | TITLE(S)                                                                                | Top of thumb here            |  |  |
| [           | ]                                                               | PARTNER(S)-[] LIMITED                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                     | PARNER(S)-[ ] LIMITED                                                                   |                              |  |  |
|             | _                                                               | [ ] GENERAL                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | [ ] GENERAL                                                                             |                              |  |  |
| L           | J                                                               | ATTORNEY-IN-FACT                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ] ATTORNEY-IN-FACT                                                                      |                              |  |  |
| [           | ]                                                               | TRUSTEE(S)                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ]   [                                 | ] TRUSTEE(S)                                                                            |                              |  |  |
| [           | ]                                                               | GUARDIAN OR CONSERVATOR                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ] [                                   | ] GUARDIAN OR CONSERVATOR                                                               | · ]                          |  |  |
| [           | ]                                                               | OTHER                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ]   [                                 | ] OTHER                                                                                 |                              |  |  |
|             |                                                                 |                                                                                  | WANTE OF THE PARTY |                                       |                                                                                         |                              |  |  |
| SIG         | ME                                                              | R IS REPRESENTING:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     |                                                                                         |                              |  |  |
| 510         | 1 113                                                           | K IS KEI KESENTING.                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                     |                                                                                         |                              |  |  |
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## EXHIBIT "A" LEGAL DESCRIPTION

The following described real property situate in Klamath County, Oregon

A portion of the SE ¼ NE ¼ of Section 12, Township 39 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.

Beginning at a point which is N. 00°13'46" W. 30.00 feet from the ½ corner common to Section 12, Township 39 South, Range 8 East and Section 7, Township 39 South, Range 9 East of the Willamette Meridian; thence N. 00°23'16" E. along the Section line between said sections 12 and 7 also being the West boundary of "Cregan Park" 635.00 feet to a 5/8 inch iron rod; thence N. 89°43'25" W. 675.92 feet to a 5/8 inch iron rod being the Northeast corner of a tract of land conveyed to Loren S. Calvin et ux in Volume M82 page 4152, Deed records of Klamath County, Oregon; thence S. 00°29'18" W. along the East line of said Calvin property 635.64 feet to a 5/8 inch iron rod on the North line of Balsam Drive; thence S. 89°46'39" E. along the North line of Balsam Drive a distance of 525.43 feet to the Southwest corner of a tract of land conveyed to Marvin H. Furlow et ux in Volume 310 page 64, Deed records of Klamath County, Oregon; thence N. 0°20' E. parallel with the West boundary of "Cregan Park" a distance of 331.0 feet to an iron pin; thence S. 89°50' E. parallel with Balsam Drive a distance of 131.60 feet; thence S. 0°20' W. parallel with and 20 feet Westerly from the West boundary of "Cregan Park" 331.00 feet to a 5/8 inch iron rod on the North line of Balsam Drive; thence S. 89°46'39" E. 20.00 feet to the point of beginning.

Saving and Excepting therefrom the East 20 feet of the property herein described as contained in Volume M94 page 17428, Deed records of Klamath County, Oregon.

State of Oregon, County of Klamath Recorded 01/17/01, at 31/7 p.m. In Vol. M01 Page 205/ Linda Smith, County Clerk Fee\$ 3/