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'01 APR 5 AM 10:49

MARY M. JOHNSON  
805 North Beth Court  
Santa Maria, Ca 93454

Grantor's Name and Address

PACIFIC SERVICE CORPORATION

c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

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SPACE RESERVED  
FOR  
RECORDER'S USEVol MQ1 Page 14041

STATE OF OREGON,

County of \_\_\_\_\_

} ss.

I certify that the within instrument was  
received for recording on \_\_\_\_\_,  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in  
book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_  
and/or as fee/file/instrument/microfilm/reception  
No. \_\_\_\_\_, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy.

## WARRANTY DEED

KNOW ALL BY THESE PRESENTS that \_\_\_\_\_

~~MARY M. JOHNSON AND ROBERTA J. LAMBIASE~~

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by \_\_\_\_\_

~~PACIFIC SERVICE CORPORATION A NEVADA CORPORATION~~

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns,  
that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining,  
situated in \_\_\_\_\_ ~~KLAMATH COUNTY~~ County, State of Oregon, described as follows, to-wit:

LOTS 24 &amp; 25, BLOCK 100, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 4

KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized  
in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state): \_\_\_\_\_

\_\_\_\_\_, 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.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 3000.00. ~~However, the~~  
actual consideration consists of or includes other property or value given or promised which is ☒ the whole ☐ part of the total  
which consideration ☒ (The sentence between the symbol & is not applicable, should be deleted. See ORS 30.930.)

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

In witness whereof, the grantor has executed this instrument on March 20, 2001 / 3/21/01; if grantor  
is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so  
by order of its board of directors.

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.

x Mary M. Johnson  
x Roberta J. Lambiase

STATE OF OREGON, County of \_\_\_\_\_) ss.

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_

Notary Public for Oregon

My commission expires \_\_\_\_\_

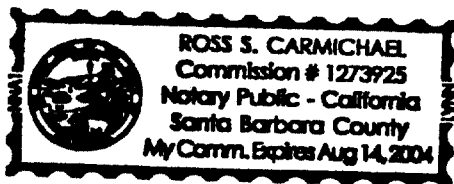
31A

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Santa Barbara } ss.On March 20, 2001, before me, Ross S. Carmichael,  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")personally appeared Mary M. Johnson,  
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.

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 Document**Title or Type of Document: Warranty Deed - OregonDocument Date: March 20, 2001 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

**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**

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# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of california  
 County of Orange  
 On 3/21/01 before me, Shawn R Conn, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
 personally appeared Roberta Jean Lambiase  
Name(s) of Signer(s)

☐ personally known to me – OR – ☒ 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.

Shawn R Conn  
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.*

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### Capacity(ies) Claimed by Signer(s)

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

Signer's Name: \_\_\_\_\_

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

Signer Is Representing: \_\_\_\_\_

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