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After Recording Return to:
CHILOQUIN FAMILY PRACTICE INC. PC
103 WASCO
CHILOQUIN, OR. 97624
Until a change is requested all tax statements
Shall be sent to the following address:
CHILOQUIN FAMILY PRACTICE INC. PC
103 WASCO
CHILOQUIN, OR. 97624

State of Oregon, Co	ounty of K	lamath
Recorded 02/06/2002_	1:23	<u> </u>
Vol M02, Pg 7138		
Linda Smith, County	Clerk	
Fee \$ 21.00 # 0	f Pgs 1	

WARRANTY DEED (INDIVIDUAL)

SOUTHEAST OREGON RURAL HEALTH NETWORK, herein called grantor, convey(s) to CHILOQUIN FAMILY PRACTICE INC. PC all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 4, Block 1, WEST CHILOQUIN, in the County of Klamath, State of Oregon.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$0.00. (here comply with the requirements of ORS 93.930)

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.

Dated January 22, 2002

	NETWORK A A A A A A A A A A A A A
	Sames M. D. President BY: JAMES ORR, PRESIDENT
	2 February 2002
STATE OF CALIFORNIA County of Source State (State of California) ss.	
On felt 2 2002 personally appeared the above instrument to be HIS voluntary act and deed.	e named JAMES ORR and acknowledged the foregoing

This document is filed at the request of:

Spen TITLE & ESCROW, INC.

525 Main Street Klamath Falls, OR 97601 Order No.: 00054361 Before me: Angela M. H. (1
Notary Public for Orogen California County of
My commission expires:
Sept 24, 2005

SOUTHEAST OREGON BURAL HEALTH

Official Seal

