	•	Vol <u>M02</u> Page_	3019 9
ing Chapman		STATE OF OREGON,) cc
1			
Remy Chupman Trust			,
1065 Backer Way			l
Grantee's Name and Address After regording, return to (Name, Address, Zip):	SPACE RESERVED FOR		t
1065 1 Bucker Wan	RECORDER'S USE	State of Oregon, Count	v of Klamath
Rino, NV 8252		Recorded 05/21/2002 3° Vol M02, Pg 30199-	./3 <i>p</i> . m.
Until requested otherwise, send all tax statements to (Name, Address, Zip):		Linda Smith, County Clerk	
1005 OBUCKEN Wing		Fee \$ 26 m # of Pgs	÷puty.
	MTC STISI-	w	
BA	RGAIN AND SALE DEE	D	
KNOW ALL BY THESE PRESENTS that	Remy Chapman		
hereinafter called grantor, for the consideration hereinafter	ter stated, does hereby	grant, bargain, sell and convey	unto,
Remy Chapman, Trustee of the Remy Cha	apman Trust dat	ed September 23, 198	2,
hereinafter called grantee, and unto grantee's heirs, succ itaments and appurtenances thereunto belonging or in a			
State of Oregon, described as follows, to-wit:	, <u>J</u> ,		•
Lot 7, Block 36, KLAMATH FALLS FORES			. 01 1
according to the official plat there of Klamath County, Oregon.	of on file in t	he office of the Cou	nty Clerk
2001, Volume MO1, page 65663, Microf:	IIm Records of	Klamath County, Oreg	он.
IF SPACE INSUES	ICIENT, CONTINUE DESCRIPTIO	ON ON REVERSE	
To Have and to Hold the same unto grantee and	grantee's heirs, succe	ssors and assigns forever.	:
The true and actual consideration paid for this tractual consideration consists of or includes other prope which) consideration. (The sentence between the symbols (), is	erty or value given or p if not applicable, should be	promised which is part of the deleted. See ORS 93.030.)	e the whole (indicate
In construing this deed, where the context so remade so that this deed shall apply equally to corporation	ons and to individuals.	· -	-
IN WITNESS WHEREOF, the grantor has exec grantor is a corporation, it has caused its name to be significant.			
to do so by order of its board of directors.		•	•
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DES THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS A	SCRIBED IN AND REGU-	u Chazzman	
LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, TH ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH TI PRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPRO AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING (HE PERSON HE APPRO- OVED USES	· ·	······································
PRACTICES AS DEFINED IN ORS 30.930.			,
•	•) ss.	
This instrument was by Remy Chapman	acknowledged before	me on	,
This instrument was by Remy Chapman This instrument was	acknowledged before acknowledged before	me on	
This instrument was by Remy Chapman This instrument was	acknowledged before acknowledged before	me on	
This instrument was by Remy Chapman This instrument was	acknowledged before acknowledged before	me on	
This instrument was by Remy Chapman This instrument was	acknowledged before acknowledged before	me on	······································

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

County of MANNENTO	SS.
	11 NOTERLY
On North 14 HCO before m	Name (s) of Signer(s) Name (s) of Signer(s) Name (s) of Signer(s)
Date /	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared with the	Name(s) of Signatio
\lor	t / normanally transport
	personally known to me
	 proved to me on the basis of satisfacto evidence
	to be the negree (a) at the second
	to be the person(e) whose name(s) is/a subscribed to the within instrument ar
	acknowledged to me that he/she/they execute
ter back.	the same in his/her/their authorize
	capacity(ies), and that by his/her/the
GAIL ANN CHAPMAN	signature(s) on the instrument the person(s),
Commission # 1222518	the entity upon behalf of which the persont
Notary Public - California Secremento County	acted, executed the instrument.
My Comm. Expires May 30, 2	MITNESS my band and m
	WHTNESS my hand and official seal.
	SUD and Warman
Place Notary Seal Above	Signature of Notary Public
	
Though the information below is not and in	OPTIONAL
and could prevent fraudulent remov	by law, it may prove valuable to persons relying on the document aval and reattachment of this form to another document.
Description of Attached Document	and the another document.
Title or Type of Document:	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Capacity(ies) Claimed by Signer Signer's Name:	
Capacity(ies) Claimed by Signer Signer's Name: Individual	OF SIGNER
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s):	OF SIGNER
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General	OF SIGNER
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact	OF SIGNER
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee	OF SIGNER
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact	OF SIGNER Top of thumb here
Capacity(ies) Claimed by Signer Signer's Name:	OF SIGNER Top of thumb here
Capacity(ies) Claimed by Signer Signer's Name:	OF SIGNER Top of thumb here