

State of Oregon, County of Klamath
Recorded 12/27/2002 10:25 a. m.
Vol M02, Pg 2572-16
Linda Smith, County Clerk
Fee \$ 41.00 # of Pgs 5

****THIS IS SIGNED IN COUNTER PARTS**

WARRANTY DEED

(INDIVIDUAL)

WILLIAM R. WOHRMAN, TRUSTEE FOR THE WOHRMAN FAMILY REVOCABLE LIVING TRUST U/D/T DATED 3/10/95, MANUEL R. HERRERA, CARL B. BOSACK and JOHN T. WOHRMAN, AS TO AN UNDIVIDED 1/4TH INTEREST, herein called grantor, convey(s) to MERLE WEST MEDICAL CENTER----- all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lots 23 and 24, Block 71, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the Clerk of Klamath County, 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 **\$169,000.00**. (The execution of this deed directly to the Grantee named by **William R. Wahrman, Trustee and John T. Wahrman** is done at the direction of First American Exchange Corporation as part of a tax deferred exchange.)

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 December 20, 2002.

**WILLIAM R. WOHRMAN, TRUSTEE FOR THE
WOHRMAN FAMILY REVOCABLE LIVING TRUST
U/D/T DATED 3/10/95**


WILLIAM R. WOHRMAN, TRUSTEE/INDIVIDUAL

Janice C. Wohrman
 JANICE C. WOHRMAN, TRUSTEE/INDIVIDUAL

CARL B. BOSACK

MANUEL R. HERRERA

JOHN T. WOHRMAN

STATE OF Oregon, County of Clatsop) ss.

On December 20, 2002 personally appeared the above named **WILLIAM R. WOHRMAN and JANICE C. WOHRMAN, TRUSTEE FOR THE WOHRMAN FAMILY REVOCABLE LIVING TRUST U/D/T DATED 3/10/95, MANUEL R. HERRERA, CARL B. BOSACK and JOHN T. WOHRMAN** and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

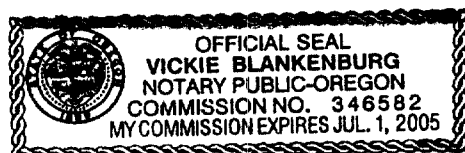
This document is filed at the request of:



**525 Main Street
Klamath Falls, OR 97601
Order No.: 00056307**

Before me: [Signature]
Notary Public for Oregon
My commission expires:

Official Seal



HIA

After Recording Return to:

LESLIE FLICK FOR MERLE WEST MEDICAL CENTER

2865 DAGGETT AVENUE

KLAMATH FALLS, OR 97601

Until a change is requested all tax statements

Shall be sent to the following address:

LESLIE FLICK FOR MERLE WEST MEDICAL CENTER

SAME AS ABOVE

WARRANTY DEED

(INDIVIDUAL)

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Dated 12/23/02.

**WILLIAM R. WOHRMAN, TRUSTEE FOR THE
WOHRMAN FAMILY REVOCABLE LIVING TRUST
U/D/T DATED 3/10/95**

WILLIAM R. WOHRMAN, TRUSTEE/INDIVIDUAL

CARL B. BOSACK

JANICE C. WOHRMAN, TRUSTEE/INDIVIDUAL

Manuel Herrera 12-23-02
MANUEL R. HERRERA

JOHN T. WOHRMAN

STATE OF _____, County of _____) ss.

On _____ personally appeared the above named **WILLIAM R. WOHRMAN and JANICE C. WOHRMAN, TRUSTEE FOR THE WOHRMAN FAMILY REVOCABLE LIVING TRUST U/D/T DATED 3/10/95, MANUEL R. HERRERA, CARL B. BOSACK and JOHN T. WOHRMAN** and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

This document is filed at the request of:



**525 Main Street
Klamath Falls, OR 97601
Order No.: 00056307**

Before me: _____
Notary Public for Oregon
My commission expires: _____

Official Seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Los Angeles

} ss.

On

12/23/02

Date

before me,

Lori Hopkins, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

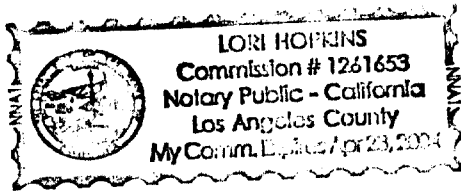
personally appeared

Manuel R. Herrera

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) (s) 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.

[Signature]
 Signature of Notary Public

Place Notary Seal Above

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

Document Date:

Signing date 12/23/02

Number of Pages:

1

Signer(s) Other Than Named Above:

William R. Wahrman, Carl B. Bosak,John T. Wahrman, Janice C. Wahrman**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
 Top of thumb here

After Recording Return to:

LESLIE FLICK FOR MERLE WEST MEDICAL CENTER
2865 DAGGETT AVENUE
KLAMATH FALLS, OR 97601

Until a change is requested all tax statements

Shall be sent to the following address:

LESLIE FLICK FOR MERLE WEST MEDICAL CENTER
SAME AS ABOVE

WARRANTY DEED
 (INDIVIDUAL)

WILLIAM R. WOHRMAN, TRUSTEE FOR THE WOHRMAN FAMILY REVOCABLE LIVING TRUST U/D/T DATED 3/10/95, MANUEL R. HERRERA, CARL B. BOSACK and JOHN T. WOHRMAN, AS TO AN UNDIVIDED 1/4TH INTEREST, herein called grantor, convey(s) to MERLE WEST MEDICAL CENTER----- all that real property situated in the County of KLAMATH, State of Oregon, described as:

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 JANICE C. WOHRMAN, TRUSTEE/INDIVIDUAL

 CARL B. BOSACK

 MANUEL R. HERRERA

 JOHN T. WOHRMAN

STATE OF Calif, County of Orange) ss.

On 12/23/02 personally appeared the above named WILLIAM R. WOHRMAN and JANICE C. WOHRMAN, TRUSTEE FOR THE WOHRMAN FAMILY REVOCABLE LIVING TRUST U/D/T DATED 3/10/95, MANUEL R. HERRERA, CARL B. BOSACK and JOHN T. WOHRMAN and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

This document is filed at the request of:

Aspen
 TITLE & ESCROW, INC.

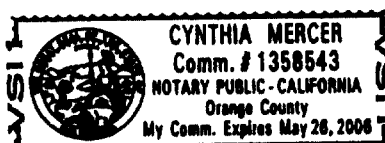
525 Main Street
 Klamath Falls, OR 97601
 Order No.: 00056307

Before me: Cynthia Mercer

Notary Public for CALIFORNIA

My commission expires: 5/26/06

Official Seal



75716

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LESLIE FLICK FOR MERLE WEST MEDICAL CENTER

2865 DAGGETT AVENUE
KLAMATH FALLS, OR 97601

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LESLIE FLICK FOR MERLE WEST MEDICAL CENTER
SAME AS ABOVEWARRANTY DEED
(INDIVIDUAL)

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WILLIAM R. WOHRMAN, TRUSTEE/INDIVIDUAL

Carl B. Bosack
CARL B. BOSACK

JANICE C. WOHRMAN, TRUSTEE/INDIVIDUAL

Manuel R. Herrera
MANUEL R. HERRERA

JOHN T. WOHRMAN

STATE OF Colorado County of Weld ss.

On December 20, 2002 personally appeared the above named ~~WILLIAM R. WOHRMAN and JANICE C. WOHRMAN~~, TRUSTEE FOR THE WOHRMAN FAMILY REVOCABLE LIVING TRUST U/D/T DATED 3/10/95, ~~MANUEL R. HERRERA~~, CARL B. BOSACK and ~~JOHN T. WOHRMAN~~ and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00056387

Before me, Helen Kyall
Notary Public for Oregon
My commission expires: August 14, 2004

Official Seal

