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STATE OF OREGON, 1..

WASHINGTON MUTUAL BANK

Grantor's Name and Address

SEVERIN

36358 Modoc Pt. Rd.

Chiloquin, OR 97624

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Western Pioneer Title

P.O. Box 10146

Eugene, OR 97440

Until requested otherwise, send all tax statements to (Name, Address, Zip):

SEVERIN

36358 Modoc Pt. Rd.

Chiloquin, OR 97624

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath

Recorded 05/13/2003 2:45 p m.Vol M03 Pg 32050-51

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

eputy.

SPECIAL WARRANTY DEED

KNOW ALL BY THESE PRESENTS that WASHINGTON MUTUAL BANK, F.A.hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by JAMES M. SEVERINhereinafter 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, State of Oregon, described as follows, to-wit:

The S 1/2 N 1/2 NE 1/4 NE 1/4 that lies West of U.S. Highway No. 97 in Section 28, Township 34 South, Range 7 East of the Willamette Meridian, 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 the real property is free from encumbrances created or suffered thereon by grantor and that grantor will warrant and defend the same and every part and parcel thereof against the lawful claims and demands of all persons claiming by, through, or under the grantor.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 59,900.00 / However, the actual consideration consists of or includes other property or value given or promised which is ☒ the whole ☐ part of the (indicate which) consideration. (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

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 May 7, 2003; 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 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.

WASHINGTON MUTUAL BANK, F.A.

BY: Diane Aitken
Diane Aitken
Assistant Vice President

CALIFORNIA

STATE OF ~~OREGON~~ CALIFORNIA, County of _____) ss.

This instrument was acknowledged before me on _____,

by _____

This instrument was acknowledged before me on May, 2003,

by _____

as _____

of Washington Mutual BankNotary Public for ~~Oregon~~ California

My commission expires _____

26K

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

32051

State of CALIFORNIA

County of LOS ANGELES

On 5-7-03 before me, KATHLEEN JOAN MARTINEZ
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Diane Aitken
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 ~~himself/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.

Kathleen Joan Mart
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: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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: _____

RIGHT THUMBPRINT OF SIGNER
 Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

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

RIGHT THUMBPRINT OF SIGNER
 Top of thumb here

Signer Is Representing: _____