EA NO PART OF ANY STEVENS-NES	S FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.
	- 6 2059 W Vol. MO3 Page 68545
JAMES AND MARSHA WHITE 640 Rinaldo St.	SIAIRI
Santa Rosa, CA 95409	,
WHITE TRUST	
640 Rinaldo St.	
Santa Rosa, CA 95409 Granice's Name and Address	SPACE RESERVED
After recording, Orlust to (Name, Address, Zip):	FOR
640 RINALDO ST.	State of Oregon, County of Klamath Xed.
SANTA ROSA, CA 95409	Recorded 09/15/03 3:/4 p. m Vol M03 Pg 68545-46
Until requested otherwise, send all tex statements to (Name, Address, Zip): SAME	Linda Smith, County Clerk
JATE	Fee \$ <u>210</u> # of Pgs 2 puty.
	WARRANTY DEED
KNOW ALL BY THESE PRESENTS that JAN THE ENTIRETY	MES E. WHITE AND MARSHA M. WHITE, AS TENANTS BY
	fter stated, to grantor paid by JAMES E. WHITE AND MARSHA M. WHITE TRUST
hereinafter called grantee, does hereby grant, bargain, s	ell and convey unto the grantee and grantee's heirs, successors and assigns,
	ments and appurtenances thereunto belonging or in any way appertaining, State of Oregon, described as follows, to-wit:
Danion	
LOT 950, RUNNING Y REOSRT, PHASE 11, F ON FILE IN THE OFFICE OF THE COUNTY CLE	TIRST ADDITION, ACCORDING TO THE OFFICIAL PLAT THERE
ON FILE IN THE OFFICE OF THE COOK!! CLE	IN OF REAFINIT COUNTY, OREGON.
To Have and to Hold the same unto grantee and	grantee's heirs, successors and assigns forever. ee and grantee's heirs, successors and assigns, that grantor is lawfully seized and encurabrances except (if no exceptions, so state): HIGSE OF
persons whomsoever, except those claiming under the a The true and actual consideration paid for this tr	ansfer, stated in terms of dollars, is \$OO However, the
	rty or value given or promised which is Athe whole part of the (indicate
which) consideration. (The sentence between the symbols o, i In construing this deed, where the context so rec	f not applicable, should be deleted. See ORS 93.030.) puires, the singular includes the plural, and all grammatical changes shall be
	م من الما الما الما الما الما الما الما
In witness whereof, the grantor has executed this	its seal, if any, affixed by an officer or other person duly authorized to do so
by order of its board of directors.	A COLOR OF SHIP STATE OF SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DES	CRIBED IN HAMES Y MANTE
THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS A LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE	AND REGIL CIAMES F. WHITE
PRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPRO AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING O	IVED USES MADQUA M WHITE
PRACTICES AS DEFINED IN ORS 30.930.	
STATE OF OREGON, Coun This instrument was	ss. SHITE AND MARCHA S.
by JAMES E. WHITE AN	ID_MARSHA_M:_WHITE
This instrument was a	acknowledged before me on,
by	
of	
· · · · · · · · · · · · · · · · · · ·	
	Notary Public for Oregon

Otata as Outle as to	
State of California)
County of Sonma	ss.
	 J
on <u>Sept 9, 2003</u> , before me,	P
on Sept 9,2003 before me	Darry Wong
	realing and line of Uniter (e.g., "Jene Dos, Notary Public")
personally appeared	. White and Marsha M. Whit
	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) lare
	subscribed to the within instrument and
Commission & 1310006	acknowledged to me that he/shre/they executed
Holely Public - California	the same in his/ber/their authorized
Mr.Comm. Brahm Jacobs, 2007	capacity(ies), and that by bts/bef/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.
Place Notary Seel Above	
· mos (voim) com/sort	SQUINGLES OF NORTH PLANE
OP	TIONAL —————
Though the information below is not required by law,	. It may prove valueble 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:	
Compolited to a Challenger to the Ch	
Capacity(les) Claimed by Signer	
Signer's Name:	Programme Tolking Control
☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	
☐ Attorney in Fact	
☐ Trustee	
☐ Guardian or Conservator	
☐ Other:	
Signer Is Representing:	