

03 NOV 13 PM 3:30



NTC-63189 CW

Vol M03 Page 84282

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:

TRUSTEES OF THE SAM ESKENAZI AND  
CAROL D. KAY REVOCABLE 2002 TRUST  
DATED 1-10-02  
21438 CHAGALL RD  
TOPANGA, CA 90290

State of Oregon, County of Klamath  
Recorded 11/13/03 3:30 p. m  
Vol M03 Pg 84282-84  
Linda Smith, County Clerk  
Fee \$ 3.00 # of Pgs 3

Until a change is requested all  
tax statements shall be sent to  
The following address:

TRUSTEES OF THE SAM ESKENAZI AND  
CAROL D. KAY REVOCABLE 2002 TRUST  
DATED 1-10-02  
21438 CHAGALL RD  
TOPANGA, CA 90290

Escrow No. MT63129-LW

## WARRANTY DEED

SAM ESKENAZI and CAROL KAY, as tenants by the entirety, Grantor(s) hereby grant, bargain, sell, warrant and convey to SAM ESKENAZI AND CAROL D. KAY, TRUSTEES OF THE SAM ESKENAZI AND CAROL D. KAY REVOCABLE 2002 TRUST DATED 1-10-02, Grantee(s) and grantee's heirs, successors and assigns the following described real property, free of encumbrances except as specifically set forth herein in the County of KLAMATH and State of Oregon, to wit:

Lot 948, RUNNING Y RESORT, PHASE 11, FIRST ADDITION, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No.: 3808-010B0-10000-000

Key No.: 889209

889209

3808-010B0-100000-000

Grantor is lawfully seized in fee simple on the above granted premises and SUBJECT TO: all those items of record if any, as of the date of this deed and those shown below, if any:

and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration for this conveyance is \$0.00.

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.

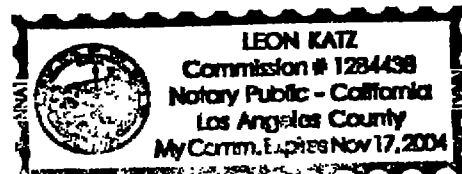
Dated this 10 day of NOVEMBER, 2003.

[Signature]  
SAM ESKENAZI

[Signature]  
CAROL KAY

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES



On 11/11/03 before me, Leon Katz personally appeared SAM ESKENAZI and CAROL KAY 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 ~~SHB~~ executed the same in ~~that~~ authorized capacity(ies), and that by ~~their~~ signatures 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]

3/10 on

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of LOS ANGELES

} ss.

On NOVEMBER 10, 2003, before me, Mangala T.B. Tennakoon, Notary Public,  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")personally appeared CAROL KAY

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) 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 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 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: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

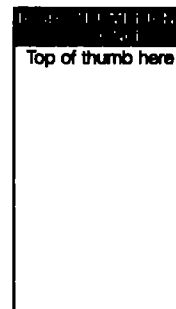
Signer(s) Other Than Named Above: \_\_\_\_\_

**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: \_\_\_\_\_

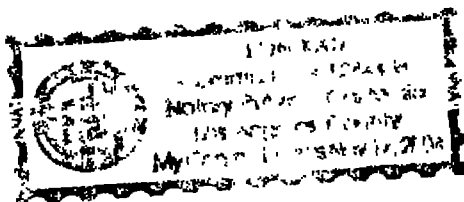


84284

State of California  
 County of Los Angeles

On 11/11/03 before me, Leon Katz, Notary Public  
(DATE) (NAME/TITLE OF OFFICER, i.e., "JANE DOE, NOTARY PUBLIC")  
 personally appeared Sam B. Kenaz  
(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 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.

(SEAL)

(SIGNATURE OF NOTARY)

### ATTENTION NOTARY

The information requested below and in the column to the right is **OPTIONAL**. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Title or Type of Document \_\_\_\_\_  
 Number of Pages \_\_\_\_\_ Date of Document \_\_\_\_\_  
 Signer(s) Other Than Named Above \_\_\_\_\_

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)

☐ CORPORATE

OFFICER(S)

(TITLE)

☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL

☐ ATTORNEY IN FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)

☐ CORPORATE

OFFICER(S)

(TITLE)

☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL

☐ ATTORNEY IN FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))