

After recording return to: Dennis K. McCorkle 249 Lillian Dt.

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

Dennis K. McCorkle

File No.: 7021-457467 (SAC) September 27, 2004 Date:

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STATUTORY WARRANTY DEED

Gladys Knowlton and Virginia Ludwig and Patricia Milversted, Grantor, conveys and warrants to Dennis K. McCorkle and Marilyn J. Morais, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lots 6 and 7 Block 90 Klamath Falls Forest Estates Highway 66 Unit Plat No. 4, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This property is free from liens and encumbrances, EXCEPT:

Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in 1. the public record, including those shown on any recorded plat or survey.

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.

The true consideration for this conveyance is \$8,500.00. (Here comply with requirements of ORS 93.030)

APN: 393201

Statutory Warranty Deed - continued

File No.: 7021-457467 (SAC)

Date: 09/27/2004

Patricia Milversted

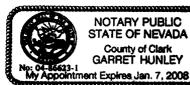
STATE OF Nevada

County of Oberk.

)ss.

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This instrument was acknowledged before me on this ______ day of ______ by Gladys Knowlton and Virginia Ludwig and Patricia Milwersted



Notary Public for

My commission expires: /



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of Solano Brandac Courn before Name and Title of Officer (e.g., "Jane Doe, Notary Public") now I tem personally appeared 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 BRENDA L. CAVIN Commission # 1502917 he/she/they executed the same in his/her/their Notary Public - California authorized capacity(igs), and that by his/her/their Solano County signature(s) on the instrument the person(s), or the My Comm. Expires Jul 23, 2008 entity upon behalf of which the person(s) acted, executed the instrument. BRENDA L. CAVIN ommission # 1502917 **WITNESS** ial seal. tary Public - California **Solano County** Place Notary Seal Above omm. Expires Jul 23, 2008 **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: _____ Number of Pages: Document Date: ___ Signer(s) Other Than Named Above: _ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: Individual Individual Corporate Officer — Title(s): _ Corporate Officer — Title(s): _ □ Partner — □ Limited □ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact Attorney in Fact □ Trustee Trustee ☐ Guardian or Conservator Guardian or Conservator Other: Other: __ Signer Is Representing: Signer Is Representing:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California)
. LAS FREELES	SS.
State of California County of	– J
On before me,	S/HARON K. Yolfo NOTARY, Name and Title of Officer (e.g., "Jane Doe," Notary Public") PUBL Name(s) of Signey(s)
nersonally appeared VIRSIN	it LUDWIE
personally appeared	(valida) or eight to
	personally known to me
	proved to me on the basis of satisfactory evidence
	CVIdence
SHARON K. YOHO	to be the person(e) whose name(s) is/are
Commission # 1370587	subscribed to the within instrument and
Notary Public - California & Los Angeles County	acknowledged to me that he/she/they executed the same in his/her/their authorized
My Comm. Expires Aug 17, 2006	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.
	so the state
	Show to you
<i>OP</i>	TIONAL prove valuable to persons relying on the document and could prevent
Though the information below is not required by law, it may be fraudulent removal and reattach	nment of this form to another document.
Description of Attached Document	
begoription of Attached Decament	
Title or Type of Document:	
Document Date:	Number of Pages:
Bocument Bate.	
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	/
Signer's Name:	
	OF SIGNER
☐ Individual	Top of thumb here
☐ Corporate Officer — Title(s):	
Partner	
Attornov-in-Fact	
Attorney-in-Fact	
☐ Attorney-in-Fact ☐ Trustee ☐ Guardian or Conservator	
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:	