| _ADAM D. WILLIAM   | S  |   |
|--|--|---|
|  |  | Vol. MO4 Page 85288   |
| Grantor's  | s Name and Address   |   |
|  | S  | 1   |
|  |  |   |
| Grantee's After recording, return to (Name,  | s Name and Address Address, Zip):  |   |
| ADAM D. WILLIAM  | S  |   |
|  | AVENUE<br>OR 97603   |   |
|  | all tax statements to (Name, Address,  | Zip): Vol M04 Pg X S Z 88 -89   |
|  |  | Linda Smith, County Clerk Fee \$ _2 \( \begin{align*}   |
|  |  | # of Pgs <u>2</u>   |
|  |  | MTC 1396-6497   |
|  | -  | WARRANTY DEED   |
| , <b></b>  |  |   |
| KNOW ALL BY  | Y THESE PRESENTS that D. WILLIAMS AND A  | t<br>MANDA R. RASMUSSEN, WITH RIGHTS OF SURVIVORSHIP  |
| hereinafter called granto  | or, for the consideration he   | ereinafter stated, to grantor paid by   |
| ADAM   | D. WILLIAMS  |   |
| hereinafter called grante  | ee, does hereby grant, barg  | gain, sell and convey unto the grantee and grantee's heirs, successors and as reditaments and appurtenances thereunto belonging or in any way apperta   |
| situated inKLAMA'  | THCor  | preditaments and appurtenances thereunto belonging or in any way appertaunty, State of Oregon, described as follows, to-wit:  |
|  |  | •, · · · · · · · · · · · · · · · · · · ·  |
| FALCON HEIGHT:   | S CONDOMINIUM, STA   | AGE 2, UNIT NUMBER 10411 (KINCHELOE AVENUE),  |
| KLAMATH COUNTY   |  |   |
|  |  |   |
|  |  |   |
|  |  | AMEDITIT! F has a second of the second of th    |
|  |  | AMERITITLE , nas recorded this instrument by request as an accompation only   |
|  |  | instrument by request as an accomodation only and has not examined to the requirement.  |
| To Have and to I   | Hold the same unto grante  | instrument by request as an accomodation only and has not examined it for regularity and suffice of as to its effect upon the title to any real prope that may be described therein.  SUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)  e and grantee's heirs, successors and assigns forever.   |
| And grantor here in fee simple of the ab-  | Hold the same unto granted<br>by covenants to and with<br>love granted premises, free  | instrument by request as an accomodation only and has not examined it for requiarity and suffice of as to its effect upon the title to any real prope that may be described therein.  Sufficient, continue description on reverse side)  e and grantee's heirs, successors and assigns forever.  grantee and grantee's heirs, successors and assigns, that grantor is lawfully see from all encumbrances except (if no exceptions, so state):   |
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## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California                      | 1  |
|--|--|
| County of Place                          | <b>\right\right\right\rightarrow</b> ss.   |
|  | neusco Parias notary Public of United Officer (e.g., "Jane Doe, Notary Public")                            |
| personally appeared Ado m D 11/1         | Name and Title of Officer (e.g., "Jane Doe, Notary Public")  |
| personally appeared Town 11              | Name(s) of Signer(s)   |
|  | personally known to me proved to me on the basis of satisfacto evidence                                    |
| WELLESA PAXIAO                           | to be the person(s) whose name(s) (s)  |
| COMMISSION #1489297                      | subscribed to the within instrument a  |
| HOTARY PUBLIC - CALIFORNIA PLACER COUNTY | acknowledged to me that he she/they execution the same in his/her/their authorize                          |
| MY COMM. EXPIRES JUL 6, 2008             | capacity(less), and that by his/her/th   |
|  | signature(s) on the instrument the person(s)   |
|  | the entity upon behalf of which the persont acted, executed the instrument.                                |
|  | WITNESS my hand and official ceal.   |
|  | Winders my hand and onicial seal.  |
|  | July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|  | Signature of Notary Public   |
|  |  |
|  | TIONAL —   |
| fraudulent removal and reattach          | rove valuable to persons relying on the document and could preve<br>ment of this form to another document. |
| Description of Attached Document         |  |
| Title or Type of Document:               |  |
| Document Date:                           | Non-to-  |
| Document Date:                           | Number of Pages:   |
| Signer(s) Other Than Named Above:        |  |
| Capacity(ies) Claimed by Signer          |  |
| Signer's Name:                           |  |
| Individual                               | RIGHT THUMBPRI<br>OF SIGNER  |
| Corporate Officer — Title (s):           | Top of thumb her   |
| Partner — 🗇 Limited 🔝 General            |  |
| Attorney-in-Fact                         |  |
| Trustee                                  |  |
| Guardian of Conservator                  |  |
| Other:                                   |  |
| /  |  |
| Signer is Representing:                  |  |