TEDEN 10434	M MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OF MECHANICAL MEANS.
T SERVICES, INC.	Vol <u>M05</u> Page 11259
C71, Box 495C % P. Browning	
anover, NM 88041 Ir & Mrs Th sodore: Gabrie l	
599 Whispering Hills cr.	
an Jose, CA 95148	
Grantee's Name and Address	
After recording, return to (Name, Address, Zip): r & Mrs Theodore Gabriel	
599 Whispering Hills cr.	State of Owners On the State Transferred
an Jose, CA 95148	State of Oregon, County of Klamath Recorded $02/18/2005 - 3224\rho$ m
Until requested otherwise, send all tax statements to (Name, Address, Zip): r & Mrs Theodore Gabriel	Vol M05 Pg $// 259 - 60$
	Linda Smith, County Clerk Fee $\frac{26^{\circ}}{26^{\circ}}$ # of Pgs _2 couty
599 Whispering Hills Cr. an Jose, Ca 95148	puty
WARI	RANTY DEED
KNOW ALL BY THESE PRESENTS that	
D-T-SERVICES, INC. A NEVADA CORPORA	ATION
hereinafter called grantor, for the consideration hereinafter star Theodore Gabriel & Mum Yoo Gabriel	ted, to grantor paid by
notomation cance granice, does hereby grant, bargain, sell and	
that contain real property, with the tenements, hereditaments	and appurtenances thereinto belonging or in any way apportation
situated in KLAMATH County, State of	f Oregon, described as follows, to-wit:
LOT 07, BLOCK 53, KLAMATH FALLS FOR	REST ESTATES, HIGHWAY 66, PLAT 2
KLAMATH COUNTY, OREGON	. an
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	the being No Interfiel.
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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California)
Country of America	ss.
County of Dance	J
On 2905 , before me,	Name and Title of Officer (e.g., "Jane Doe, Mary Public")
lDate LLLL	Name and Title of Officer (e.g., "Jane Doe, Ndfary Public")
personally appeared <u>William</u>	
``	Name(s) of Signer(s)
	□ personally known to me
	evidence
	/ evidence
	to be the person(s) whose name(s) is are
	subscribed to the within instrument and
CASSANDRAL.LONG	acknowledged to me that he/she/they executed
Commission # 1307299 Notary Public - California	the same in his/her/their authorized
	capacity(ies), and that by his/her/their
My Comm. Expires Jun 3, 2005	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.
	(astanding Xom
Place Notary Seal Above	Signature of Motary Public
Though the information below is not required by la	PTIONAL
Description of Attached Document	$(1, \dots, n)$
Title or Type of Document:	Varranty Deed
	()
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Signer's Name:	RIGHT THUMBPRINT
	OF SIGNER
L: Corporate Officer — Title(s):	
Attorney in Fact	
Trustee	
Trustee Guardian or Conservator	
Trustee Guardian or Conservator Other:	
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — I Limited I General Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing: Cocccccccccccccccccccccccccccccccccccc	