Οχ.	
DAGMAWI W. ANDOM 3027 S. HACIENDA BLVD.	State Of Oregon, County Of Klamath
HACIENDA HEIGHTS, CA.91745	M05-62847
Grantor's Name and Address MICHAEL A. SUMMERS	08/26/2005 08:32:25 AM
204 N. VILLAGE CT. # 205	# Of Pages 2 Fee: \$26.00
SAN DIMAS CA, 91773 Grante's Name and Address	SPA
After recording, return to (Name, Addrese, Zip): MICHAEL A. SVMMERS	RE(
204 N. VILLAGE CT. #205	
SAN DIMAS, CA. 91773	
Until requested otherwise, send all tax statements to (Name, Address, Zip): MICHAEL A- SUMMERS	
204 N. VILLAGE CT. #205	
SAN DIMAS, CA. 91773	
	WADDANTY DEED
	WARRANTY DEED
KNOW ALL BY THESE PRESENTS that	DAGMAWI W. ANDOM
hereinafter called grantor, for the consideration hereina	fter stated, to grantor paid by MICHAEL A. SUMME
SING-CE MAN AS MIS SUC	LE PROPERTY
	sell and convey unto the grantee and grantee's heirs, successors and assigns, aments and appurtenances thereunto belonging or in any way appertaining,
situated in KLAMATH County,	
IN THE CITY OF	CHILORUIN
LOT & BLOCK	8 KLAMATH COUNTRY
	09-23D-4300
/ / / / / CC (
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tate of <u>CPUFORNIA</u> County of <u>LOS ANGEUES</u> On <u>7-11-05</u> before me, <u>AG</u> DATE DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE LA COMPANSION	NES L. NEMBHARD,	OPTIONAL SECTION CAPACITY CLAIMED BY SIGNER Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document. INDIVIDUAL CORPORATE OFFICER(S) TITLE(S) PARTNER(S) LIMITED
AGNES L. NEMBHARD COMM. #1531476 COMM. #1531476 COMM. #1531476 COMMAN CO	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. MITNESS my hand and official seal. SIGNATURE OF NOTARY OPTIONAL SECTION	GENERAL ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR OTHER: SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES) SELF
THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:	TITLE OR TYPE OF DOCUMENT DATE OF DOCUMENT	
hough the data requested here is not required by law, could prevent fraudulent reattachment of this form.	SIGNER(S) OTHER THAN NAMED ABOVE	

HARRE THE PROPERTY OF THE PROP