
NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

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M. Charlane Hicks
p.g.Box 1757
Buellton, CA 93427 Grantor's Name and Address
Grantor's Name and Address
Ricky Rock
P.O. Box 685
Los Olivos, CA 93441 Grantee's Name and Address
Grantee's Name and Address
After recording, return to (Name, Address, Zip):
Ricky Rock
P.O. Box 685
Los Olivos, CA93441
Until requested otherwise, send all tax statements to (Name, Address, Zip):
Ricky-Rock
P-0-Box-685
Los-Olivos, CA-93441

M05-65865

Klamath County, Oregon 10/05/2005 12:02:53 PM Pages 2 Fee: \$26.00

BARGAIN AND SALE DEED

KNO	W ALL BY THESE PRESENTS	that M. Charlane	Hicks		
hereinafter ca	alled grantor, for the consideratio	n hereinafter stated, does hereby	grant, bargain,	sell and convey unto	Ricky
Rock hereinafter ca	ulled grantee, and unto grantee's l	heirs, successors and assigns, all	l of that certain re	cal property, with the	tenements, hered-
	appurtenances thereunto belong				
State of Oreg	on, described as follows, to-wit:		- 6. "	W 154	

Lot 41 in Block 41, Tract 1184, Oregon Shores Unit 2, First Addition, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

(IF SPACE INSUFFICIENT, CONTIN	DE DESCRIPTION ON REVERSE)
To Have and to Hold the same unto grantee and grantee's h	neirs, successors and assigns forever.
The true and actual consideration paid for this transfer, state	
actual consideration consists of or includes other property or value	given or promised which is part of the the whole (indicate
which) consideration. (The sentence between the symbols (), if not applicab	ele, should be deleted. See ORS 93.030)
In construing this deed, where the context so requires, the	singular includes the plural, and all grammatical changes shall be
made so that this deed shall apply equally to corporations and to in	
IN WITNESS WHEREOF, the grantor has executed this in	strument on October 3, 2005; if
grantor is a corporation, it has caused its name to be signed and its	seal, if any, affixed by an officer or other person duly authorized
to do so by order of its board of directors.	
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	in Charlane Hicks
AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.	

E TO THE PROPERTY SHOULD CHECK WITH THE APPRO- NTY PLANNING DEPARTMENT TO VERIFY APPROVED USES ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST	
IED IN ORS 30.930.	
STATE OF OREGON, County of This instrument was acknowledg	ed before me on , ,
by	,
This instrument was acknowledg	ged before me on,
by	

SEE ATTACHED Notary Public for Oregon

My commission expires

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	,	
County of SANTA BARBARA	ss.	
County of SANTA DAKSARA	J	
On () (10) REA. 3, 2005 hefore me	PAMELA K. JUCKNIES I	Votan Rouse
On $0.08 \in \mathbb{R}^3$, 2005 , before me, personally appeared M , $CHARD$	Name and Title of Officer (e.g., "Jane D	loe, Notary Public")
personally appeared/", CHARL	Name(s) of Signer(s)	
	personally known to me	_ /
	✓ proved to me on the tendence	pasis of satisfactor
	to be the person(s) who subscribed to the withi	ose name(s) is/a/e
PAMELA K. JUCKNIESS Commission # 1577010	acknowledged to me that by	e/she/they executed
Notary Public - California Santa Barbara County	the same in h/s/hei capacity(iəś), and that	
My Comm. Expires Jun 5, 2009	signature(s) on the instrum	ent the person(s), o
	the entity upon behalf of vacted, executed the instrument	which the person(s
		4.
	WITNESS my hand and off	
Place Notary Seal Above	Pamela to Guela Signature of Notar	ess.
	· .	y i done
Though the information below is not required b	OPTIONAL vy law, it may prove valuable to persons rel	ving on the document
and could prevent fraudulent remove	al and reattachment of this form to another	document.
Description of Attached Document Title or Type of Document: <u> </u>	CIE DES	
		, ,
Document Date: October 3, 200	Number of Pages	s:
Signer(s) Other Than Named Above:	YONE	
Capacity(ies) Claimed by Signer		
Signer's Name:		RIGHT THUMBPRINT
✓ Individual✓ Corporate Officer — Title(s):		OF SIGNER Top of thumb here
」 Partner — □ Limited □ General		MARAGON VIVI
☐ Attorney in Fact ☐ Trustee		
Guardian or Conservator Other: DEEX TO BE FILE	D IN STATE OF OREGON	,
Other: DEED TO BE FILE.	DIN STATE OF ORCEOUN	
Signer Is Representing:		