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 	ED - STAT	UTORY PC	Mild Cod	الحيادات	Chantor

	NN	
•	Rita Bowers  988 Looking Glass Dr.  Dismond Bar CA 91765  Grantor's Name and Address  Brandon E. Bowers  2575 Campus Drive #262  Klamath Falls OR 97601  Grantse's Name and Address  After recording, return to (Name, Address, Zip): Brandon E. Bowers  2575 Campus drive #262  Klamath Falls OR 97601	M05-67257  Klamath County, Oregon  10/24/2005 01:41:40 PM  Pages 2 Fee: \$26.00
	Until requested otherwise, send all tax statements to (Name, Address, Zip): Same as above	
	APN R-3809-019BC-01200-00- WARRAN	TY DEED - STATUTORY FORM
	R-701075  Rita Bowers who acquired as to all her interest i	(NOMIDUAL GRANTOR)  I title as a tenant by the entirety  n the property  Grantor,
	and an amount to	his sole and separate property , Grantee,
	County, Oregon, to-wit: Lot 10 in Block 1 official plat thereof on file in the Oregon Also known as 3024 Front Street, Klam	of HARBOR ISLES, TRACT 1209, according to the office of the County Clerk of Klamath County, nath Falls, OR 92601
	The property is free from encumbrances, except (if non- rights of way, and easements of recor- or liens for irrigation and/or draina. The true consideration for this conveyance is \$	cient, continue description on Reverse:  e, so state): Reservations and restrictions of record,  d and those apparent upon the land, contracts and/  ge.  (Here, comply with the requirements of ORS 93.030.)  or received nothing in return.
•	DATED OCTOBER 4, 2005  THIS :NSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DES THIS :NSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS A LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, TH ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE PROPERTY SHOULD CHECK WITH THE PRIVATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROAND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OPPRACTICES AS DEFINED IN ORS 30.930.	CCRIBED IN AND REGU- HE PERSON HE APPRO- DVED USES
į	STATE OF OREGON, COUR	nty of) ss.
!	This instrument was	acknowledged before me on
ł	by	
•		***************************************
il		Notary Public for Oregon
. 1		My commission expires

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	. )
County or San Bernar	Riao } ss.
on October 18, 200 before	e me, Maria L-Stevens  Name and Title of Officer (e.g., 'Jane Doe, Notary Public')
personally appeared Ritte B	owers
-	Name(s) of Signer(s)
	□ personally known to me proved to me on the basis of satisfactor
	evidence
	to be the <u>person(s)</u> whose <u>name(s) (is)</u> and subscribed to the within instrument an
	acknowledged to me that he/she/they execute
	the same in his/her/their authorize
MARIA L. STEVENS	capacity(ies), and that by his/her/the
Commission # 1597252	signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s)
Notary Public - California San Bernardino County	acted, executed the instrument.
My Comm. Biplies Ad 25, 200	
<del></del>	WITNESS my hand and official seal.
	Marin Salara
	Police Levels Signature of Notary Public
	Maria La Stevens
	Signature of Notary Public
Though the information below is not required by law, i	Maria La Stevens
	OPTIONAL
fraudulent removal and r	Signature of Notary Public  OPTIONAL  it may prove valuable to persons relying on the document and could prevent reattachment of this form to another document.
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Pescription of Attached Documen  Title or Type of Document:  Document Date:  Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual	Signature of Notary Public  OPTIONAL  it may prove valuable to persons relying on the document and could prevente attachment of this form to another document.  Number of Pages:  RIGHT THUMBERING OF SIGNER Top of thumb here
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Title or Type of Document:  Document Date:  Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual  Corporate Officer — Title(s):  Partner — □ Limited □ General  Attorney-in-Fact  Trustee	Signature of Notary Public  OPTIONAL  it may prove valuable to persons relying on the document and could prevente attachment of this form to another document.  Number of Pages:  RIGHT THUMBERING OF SIGNER Top of thumb here
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