After Recording, Return to:
Equity Angels, LLC
1631 NE Broadway #514
Portland, OR 97232

M06-00170 Klamath County, Oregon

Klamath County, Oregon 01/04/2006 12:09:59 PM Pages 2 Fee: \$26.00

Until a change is requested, tax statements Shall be sent to the following address:

Equity Angels, LLC 1631 NE Broadway #514 Portland, OR 97232

ATE: 62570 Statutory Warranty Deed (Individual)

Dollie J Herron , (Grantor) Conveys and warrants to

**Equity Angels, LLC, (Grantee)** 

the following described real property in the State of Oregon and county of Klamath,

free of encumbrances, except as specifically set forth herein:

## KLAMATH FOREST ESTATES 1ST ADDITION, BLOCK 27, LOT 33

Tax account Number (s): R263529

The property is free of encumbrances, EXCEPT:

Covenants, conditions, restrictions, rights of way, easements and reservations now of record.

The true consideration for this conveyance is \$2425.00.

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 and to determine any limits on lawsuits against farming or forest practices as defined in ORS 30.930.

| Date: 12/15/2005  Defilie J Herron |                                                   |       |
|------------------------------------|---------------------------------------------------|-------|
| STATE OF California, County of     |                                                   | ) ss. |
| This instrument was acknowle by    | dged before me on                                 |       |
| See Attached Notary Document       | Notary Public for Californi My commission expires | a     |



## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

| State of California                                               | 1                                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| County of RIVERSI de                                              | ss.                                                                                   |
| County of 1717 County                                             | J                                                                                     |
| On Det. 19, 05 before me,                                         | JE sind sissens                                                                       |
| Date                                                              | Name and Title of Officer (e.g., "Jane Dob, Notary Public")                           |
| personally appeared 100 KKI 2 J.                                  | HERRYN<br>Name(s) of Signer(s)                                                        |
|                                                                   | personally known to me                                                                |
|                                                                   | proved to me on the basis of satisfactor evidence                                     |
|                                                                   | evidence                                                                              |
|                                                                   | to be the person() whose name() is/ar subscribed to the within instrument an          |
|                                                                   | acknowledged to me that he/she/they execute                                           |
| ANTHONY ROMANO Commission # 1472772                               | the same in his/her/their authorize capacity(ies), and that by his/her/the            |
| Notary Public - California                                        | capacity(is), and that by his/her/the signature(s) on the instrument the person(s), o |
| Riverside County My Comm. Expires Mar 24, 2008                    | the entity upon behalf of which the person(sacted, executed the instrument.           |
|                                                                   |                                                                                       |
|                                                                   | WITNESS my hand and official seal.                                                    |
|                                                                   | Hortony Come No                                                                       |
|                                                                   | Specific of Notary Public                                                             |
|                                                                   |                                                                                       |
| Though the information below is not required by law, it may prove |                                                                                       |
| fraudulent removal and reattachmen                                |                                                                                       |
| Description of Attached Document                                  |                                                                                       |
| Title or Type of Document: SIRIUIORY                              | WARRAMIY DEED                                                                         |
| Document Date: 12-15-95                                           | Number of Pages:                                                                      |
|                                                                   | Number of Pages.                                                                      |
| Signer(s) Other Than Named Above:                                 | 1                                                                                     |
| Capacity(ies) Claimed by Signer                                   | ,                                                                                     |
| Signer's Name:                                                    |                                                                                       |
|                                                                   | RIGHT THUMBPRIN<br>OF SIGNER                                                          |
| Individual □ Corporate Officer — Title(s):                        | Top of thumb here                                                                     |
| ☐ Partner — ☐ Limited ☐ General                                   |                                                                                       |
| <ul><li>☐ Attorney-in-Fact</li><li>☐ Trustee</li></ul>            |                                                                                       |
| ☐ Guardian or Conservator Black 27 =                              | 33                                                                                    |
| Other: 13/26/ CT                                                  | 200 0 3                                                                               |
| Signer Is Representing:                                           |                                                                                       |
|                                                                   |                                                                                       |