

mtc-71014 TM



M06-00523

Klamath County, Oregon

01/10/2006 03:04:58 PM

Pages 3 Fee: \$31.00

After recording return to:
SHARON MARIE COSAND
P.O. BOX 216
MERRILL, OR 97633

Until a change is requested all
tax statements shall be sent to
The following address:

SHARON MARIE COSAND
P.O. BOX 216
MERRILL, OR 97633

Escrow No. MT71014-TM
Title No. 0071014

SWD

STATUTORY WARRANTY DEED

CARROL JOE SCRONCE, BETTY L. SCRONCE, HUSBAND AND WIFE AND KENNETH D. SCRONCE ALL WITH RIGHTS OF SURVIVORSHIP, Grantor(s) hereby convey and warrant to **SHARON MARIE COSAND**, Grantee(s) the following described real property in the County of **KLAMATH** and State of Oregon free of encumbrances except as specifically set forth herein:

Lots 5, 6 and 7, Block 16, ORIGINAL TOWN OF MERRILL, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No: 4110-001CC-02400-000

Key No: 120611

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is **\$75,000.00**.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)). THIS INSTRUMENT DOES 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 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)).

Dated this 4 day of Jan, 2006

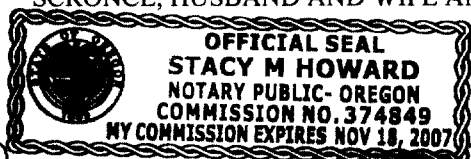
Carrol Joe Scronce
CARROL JOE SCRONCE

Betty L. Scronce
BETTY L. SCRONCE

KENETH D. SCRONCE

State of Oregon
County of KLAMATH

This instrument was acknowledged before me on Jan 4th, 2006 by CARROL JOE SCRONCE, BETTY L. SCRONCE, HUSBAND AND WIFE AND KENNETH D. SCRONCE ALL WITH RIGHTS OF SURVIVORSHIP.



Stacy M Howard

My Commission Expires 11/18/2007

31.00



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Dated this 4 day of Jan, 2006

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 CARROL JOE SCRONCE

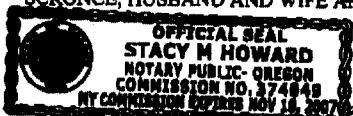
Betty L. Scronce
 BETTY L. SCRONCE

Kenneth D. Scronce
 KENNETH D. SCRONCE

PLEASE SEE ATTACHED CALIFORNIA
 ALL-PURPOSE ACKNOWLEDGEMENT
 BY NOTARY PUBLIC

State of Oregon
 County of KLAMATH

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Stacy M. Howard

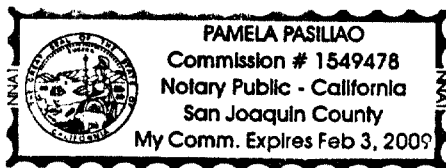
My Commission Expires 11/14/2007

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SAN JOAQUIN } ss.

On 01/09/06, before me, PAMELA PASILIAO, NOTARY PUBLIC
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Kenneth D. SCRONE,
Name(s) of Signer(s)



☐ personally known to me

☒ proved to me on the basis of satisfactory evidence 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.

Pamela Pasilio

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☒ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

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