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



D T SERVICES, INC.
 HC71, Box 495C & P. Browning
 Hanover, NM 88041
 Mr. Robert Tropp, President
 HC71, Box 495C
 Hanover, NM 88041

M06-00550

Klamath County, Oregon

01/10/2006 03:40:48 PM

Pages 2 Fee: \$26.00

Grantee's Name and Address

Mr. Robert Tropp, President
 HC71, Box 495C
 Hanover, NM 88041

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Hc71, Box 495c
 Hanover, Nm 88041

15606-18

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

D T SERVICES, INC. A NEVADA CORPORATION

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by

Rtroland, Inc.

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in KLAMATH County, State of Oregon, described as follows, to-wit:

LOT 33, BLOCK 32, NIMROD RIVER PARK, 4TH ADDITION

KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 3000.00

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 individuals.

In witness whereof, the grantor has executed this instrument on 1-4-06; 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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

X

William V. Tropp, President

CALIFORNIA
 STATE OF CALIFORNIA, County of ORANGE

This instrument was acknowledged before me on 1-4-06
 by William V. Tropp

This instrument was acknowledged before me on 1-4-06
 by William V. Tropp

as
 of

Cassandra J. Long
 Notary Public for CALIFORNIA
 My commission expires 6-3-09

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ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Orange

SS.

On

1/4/06

(DATE)

before me,

Cassandra L. Long

(NOTARY)

personally appeared

William V. Tropp

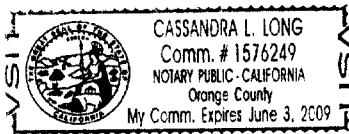
(SIGNER)

☐ personally known to me

- OR -

☒

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 signatures(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.

Cassandra L. Long

(NOTARY'S SIGNATURE)

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgment to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

OTHER

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

RIGHT THUMBPRINT
OF
SIGNER

Top of thumbprint here