After recording return to: Sheryl Thompson 1525 Magazine Street Honolulu, HI 96822

Until a change is requested All tax statements will be Sent to the following address

Sheryl Thompson 1525 Magazine Street Honolulu, HI 96822

## M06-06844

Klamath County, Oregon 04/10/2006 09:59:50 AM Pages 3 Fee: \$31.00

## STATUTORY WARRANTY DEED

Keith M. Thompson and David R. Thompson and Elizabeth J. Thompson not as Tenants in Common but with full rights of Survivorship, Grantor, conveys and warrants to Sheryl Leigh Thompson and Caleb Wayne Thompson (married), Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lot 9 Block 30 Unit Oregon Pines, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This property is free from liens and encumbrances, EXCEPT:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.
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.

The true consideration for this conveyance is \$6,200.00 (Here comply with requirements of ORS 93.030)

David R. Monyson Tubbrups.

State of County of
This instrument was acknowledged before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 2006

Notary public for My commission expires:

## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California	ss.
County of ADD PILLIST	
2/2:/2006	Dranna Mahad
On 3/3//4/00 before	e me Name and Title of Officer (A. ) ylane Doe. Nattary Public)
personally appeared WWW. 1	Incomposition of Charles & The
	☐ 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
DEANNA CABRAL	acknowledged to me that he/she/they executed
Commission # 1577964 Notary Public - California	capacity(ies), and that by his/her/(hei)
Los Angeles County My Comm. Expires May 29, 20	signatures 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 spal.
	Sonna I wha L
	Signature of Notary Public
	OPTIONAL  t may prove valuable to persons relying on the document and could prevent
	eattachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	fory Warranty Deed
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	1
Signer's Name:	RIGHT THUMBPRINT OF SIGNER
<ul><li>✓Individual</li><li>☐ Corporate Officer — Title(s):</li></ul>	Top of thumb here
□ Partner — □ Limited □ General	
☐ Attorney-in-Fact ☐ Trustee	
☐ Guardian or Conservator	
Other:	
Signer Is Representing:	

## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

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State of California	)
countrie Alameda	SS.
County of 1100 C	
on April 3, 7006 hours	ne, Dominic BithiA Aptay Public  Name and Title of Officer (e.g., "Jane Doe Notary Public)  Name(s) of Signer(s)  Name(s) of Signer(s)
Date	Name and Title of Officer (e.g., "Jane Doe Notary Public")
personally appeared	Name(s) of Signer(s)
	personally known to me
	proved to me on the basis of satisfactor
	revidence
	to be the person(s) whose name(s) is/are subscribed to the within instrument and
DOMINIC R. BEITI	
COMM. # 1607770	n 🛓 the same in his/her/their authorized
ALAMEDA COUNTY  My Compa. Expair 5 Scills The B	eignoture (a) on the inchromant the manager
	the entity upon behalf of which the person(s
	acted, executed the instrument.
	WITNESS my hand and official seal.
-	1 1/5
	Signature of Notary Public
	OPTIONAL
	nay prove valuable to persons relying on the document and could prevent ttachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
The of Type of Document.	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
	1
Capacity(ies) Claimed by Signer	
Signer's Name:	RIGHT THUMBPRIN
Individual	OF SIGNER Top of thumb here
Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	
☐ Attorney-in-Fact ☐ Trustee	
☐ Guardian or Conservator	
Other:	
Signer Is Representing:	