M06-08051

THIS SPACE RESERVED FOR RECURDER'S USE

Klamath County, Oregon 04/25/2006 11:41:28 AM

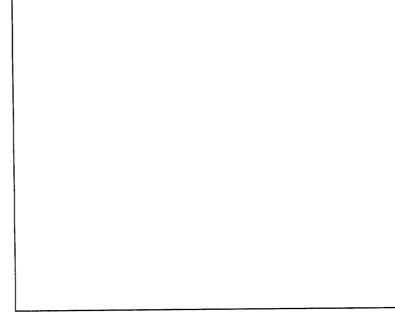
Pages 4 Fee: \$36.00



After recording return to: The Thompson Family Trust 4 Granhill Way Pittsford, NY 14534

Until a change is requested all tax statements shall be sent to the following address:
The Thompson Family Trust
4 Granhill Way
Pittsford, NY 14534

File No.: 7021-792203 (ALF) Date: April 05, 2006



STATUTORY WARRANTY DEED

Jose M. Bustamante and Delia Bustamante Trustees of the Bustamante Family Trust established 1/28/99, Grantor, conveys and warrants to David Robert Thompson and Elizabeth Jane Thompson Trustees of The Thompson Family Trust dated August 16, 2000, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lot 1 Block 91, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 4, 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.

The true consideration for this conveyance is \$3,750.00. (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. 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 ORS 197.352.



APN: 391249

Statutory Warranty Deed - continued

File No.: 7021-792203 (ALF)

Date: 04/05/2006

Dated this _/	\sqrt{S} day of \sqrt{s}	20 <u>06</u> .
	ustamante and Deli f the Bustamante F d 1/28/99	
Jose M. B	('(QOCO) ustamante, Trustee	• • • • • • • • • • • • • • • • • • •
Delia Bust	amante, Trustee	Le
STATE OF	Oregon))ss.
County of	Klamath)
by as of Jos	ent was acknowledg se M. Bustamante ar behalf of the .	ed before me on this 18th day of April 2006 and Delia Bustamante Trustees of the Bustamante Family Trust established Muchele Flucker Vangerer
C	HELE FLETCHER VAUGHAN ommission # 1630003 tary Public - California	Notary Public for Oregon My commission expires:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California County of ORANGE On April 18, 2006, before me, personally appeared Delia Bu	SS. Michele Fletcher Vaughaw, Name and Title of Officer (e.g., "Jane Doe, Notary Public") stamawte Name(s) of Signer(s)
MICHELE FLETCHER VAUGHAN Commission # 1630003 Notary Public - California Orange County My Comm. Expires Dec 15, 2009	personally known to me proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he she they executed the same in his ner their authorized capacity(iss), and that by his ner their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
Though the information below is not required by law, it	WITNESS my hand and official seal. Signature of Notary Public TONAL The may prove valuable to persons relying on the document
Description of Attached Document Title or Type of Document:	eattachment of this form to another document.
Document Date:	Number of Pages:
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:	Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A 200030 0 1 1 4 0 8

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF ORANGE

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SEP 18 DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS. SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

