

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

**Fee: \$26.00****Grantee's Name and Address**

After recording, return to (Name, Address, Zip):

12451 NE Rose Parkway
Portland, OR 97230

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

~~12451 Ne Rose Parkway~~
~~Portland, Or 97230~~

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

Deborah A. Aronson And Gwyn Corey, As Joint Tenants

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 12, BLOCK 119, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 4

KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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. 20000.00 xxxxxxxxxx

which) consideration.^① (The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)

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 _____; 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.

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, 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)).

X

William V. Tropp, President

STATE OF ~~OREGON~~, County of Orange

This instrument was acknowledged before me on 9-14-06

by William V. Tropp

This instrument was acknowledged before me on 9-14-06

by William V. Tropp

as

of

Notary Public for Oregon CA

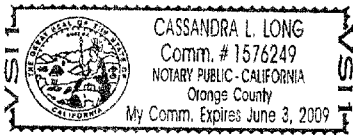
My commission expires 6-3-09

26 F

ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Orange } SS.
On 9-14-06 before me, Cassandra L. Long
(DATE) (NOTARY)
personally appeared William V. Tropp
SIGNER(S)

☐ 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) DESCRIPTION OF ATTACHED DOCUMENT

<input type="checkbox"/> INDIVIDUAL	TITLE OR TYPE OF DOCUMENT
<input type="checkbox"/> CORPORATE OFFICER	NUMBER OF PAGES
TITLE(S)	DATE OF DOCUMENT
<input type="checkbox"/> PARTNER(S)	OTHER
<input type="checkbox"/> ATTORNEY-IN-FACT	
<input type="checkbox"/> TRUSTEE(S)	
<input type="checkbox"/> GUARDIAN/CONSERVATOR	
<input type="checkbox"/> OTHER:	

SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	RIGHT THUMBPRINT OF SIGNER
	Too of thumbprint here