

2007-004189

Klamath County, Oregon



00017109200700041890030038

03/13/2007 03:08:20 PM

Fee: \$31.00

After Recording Return to:

ANESTI AUDEH

522 So. 6th St  
Klamath Falls, Or

Until a change is requested all tax statements

Shall be sent to the following address:

ANESTI AUDEH

Same as above

ATE: 64535 MS

**WARRANTY DEED**

(INDIVIDUAL)

KATHRYN HAVERLY who acquired title as KATHRYN GEIS, herein called grantor, convey(s) to ANESTI AUDEH, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

See Exhibit A attached hereto and made a part hereof.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$12,000.00.  
(here comply with the requirements of ORS 93.930)

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)).

44 Dated: 3-8-07

KATHRYN HAVERLY

Kathryn Haverly  
by Monna L. Michael her Attorney in Fact

BY: MONA L. MICHAEL,  
HER ATTORNEY IN FACT

STATE OF CALIFORNIA, County of Placer ) ss.

On March 8, 2007 personally appeared the above named MONNA L. MICHAEL as attorney in fact for KATHRYN HAVERLY and acknowledged the foregoing instrument to be her voluntary act and deed.

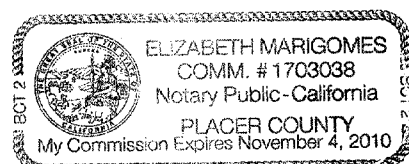
This document is filed at the request of:



525 Main Street  
Klamath Falls, OR 97601  
Order No.: 00064535

Before me: Elizabeth Marigomes  
Notary Public for California  
My commission expires: November 4, 2010

Official Seal



\$31-A

**Exhibit A**

**Lots 1, 2, 3 and 4, Block 1, EWAUNA HEIGHTS ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.**

**EXCEPTING that portion deeded to the State of Oregon, by and through its State Highway Commission, recorded February 4, 1957 in Book 289 at Page 441, Deed Records of Klamath County, Oregon.**

**CODE 001 MAP 3809-032BD TL 11900 KEY #474383**

ALL-PURPOSE ACKNOWLEDGEMENT

State of California

County of Placer

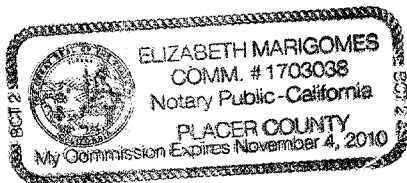
SS.

On March 8, 2007 before me, Elizabeth Mar Gomes, Notary Public,  
personally appeared Monna L. Michael as attorney in fact for Kathryn Haverly

☐ 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 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.

Elizabeth Mar Gomes  
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

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

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER  
\_\_\_\_\_  
TITLE(S)  
☐ PARTNER(S)  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

DESCRIPTION OF ATTACHED DOCUMENT

\_\_\_\_\_  
TITLE OR TYPE OF DOCUMENT

\_\_\_\_\_  
NUMBER OF PAGES

\_\_\_\_\_  
DATE OF DOCUMENT

\_\_\_\_\_  
OTHER

RIGHT THUMBPRINT  
OF  
SIGNER

