



THIS SPACE RESEI

2007-013956

Klamath County, Oregon



08/07/2007 03:37:23 PM

Fee: \$26.00

MT80213-LW

After recording return to:

KLAMATH HEALTH PARTNERSHIP INC

2074 S 6TH STREET

KLAMATH FALLS, OR 97601

Until a change is requested all

tax statements shall be sent to

The following address:

KLAMATH HEALTH PARTNERSHIP INC

2074 S 6TH STREET

KLAMATH FALLS, OR 97601

Escrow No. MT80213-LW

Title No. 0080213

SWD

STATUTORY WARRANTY DEED

CHILOQUIN FAMILY PRACTICE INC., P.C., an Oregon Corporation, Grantor(s) hereby convey and warrant to **KLAMATH HEALTH PARTNERSHIP INC, AN OREGON NON-PROFIT CORPORATION**, Grantee(s) the following described real property in the County of **KLAMATH** and State of Oregon free of encumbrances except as specifically set forth herein:

Lots 3 and 4 in Block 1, WEST CHILOQUIN, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

2007-2008 Real Property Taxes a lien not yet due and payable.

The true and actual consideration for this conveyance is **\$45,000.00**.

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.

Dated this 6 day of August, 2007

CHILOQUIN FAMILY PRACTICE INC., P.C.

BY: [Signature]
LAWRENCE LEE COHEN, PRESIDENT

BY: [Signature]
CYNTHIA B. COHEN, SECRETARY

State of Oregon
County of KLAMATH

This instrument was acknowledged before me on 8-6-, 2007 by LAWRENCE L. COHEN, PRESIDENT AND CYNTHIA B. COHEN, SECRETARY OF CHILOQUIN FAMILY PRACTICE INC., P.C., AN OREGON CORPORATION.

[Signature]
(Notary Public for Oregon)

My commission expires 9-8-09

