THIS SPACE RI

2008-000479 Klamath County, Oregon



01/11/2008 09:36:25 AM

Fee: \$31.00

WILLIAM R. WOHRMAN AND JANICE C.

WOHRMAN, TRUSTEES OF THE WOHRMAN FAMILY REVOCABLE TRUST

U/D/T DATED MARCH 10, 1995

6500 OLD FORT ROAD

KLAMATH FALLS, OR 97601

Until a change is requested all tax statements shall be sent to the following address:

WILLIAM R. WOHRMAN AND JANICE C. WOHRMAN, TRUSTEES OF THE WOHRMAN FAMILY REVOCABLE TRUST U/D/T DATED MARCH 10, 1995

6500 OLD FORT ROAD

KLAMATH FALLS, OR 97601

Escrow No. MT81263-LW

Title No. 0081263

SWD

## STATUTORY WARRANTY DEED

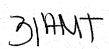
GOSG PROPERTIES LLC, A CALIFORNIA LIMITED LIABILITY COMPANY, Grantor(s) hereby convey and warrant to WILLIAM R. WOHRMAN AND JANICE C. WOHRMAN, TRUSTEES OF THE WOHRMAN FAMILY REVOCABLE TRUST U/D/T DATED MARCH 10, 1995, Grantee(s) the following described real property in the County of KLAMATH and State of Oregon free of encumbrances except as specifically set forth herein:

The South 51 feet of the North 102 feet of Lot 16 and the South 51 feet of the North 102 feet of Lot 15A in Block 68 of BUENA VISTA ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, EXCEPTING THEREFROM the Westerly 10 feet of Lot 15A.

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:

The true and actual consideration for this conveyance is \$201,502.62.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300 to 336. 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 195.300 to 336.



Page 2 - Statutory Warranty Deed - Signature/Notary Page Escrow No. MT81263-LW

| Dated this Standay of JAX                                                                                       | 200.8                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOSG PROPERTIES LLC                                                                                             |                                                                                                                                                                                                                                                                                        |
| BY: THOMAS HAGERTY, MANAGING MEMBEY                                                                             | 등 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                                                                                                                                                                                                                              |
| STATE OF CALIFORNIA                                                                                             |                                                                                                                                                                                                                                                                                        |
| COUNTY OF                                                                                                       |                                                                                                                                                                                                                                                                                        |
| personally known to me (or proved to me on the basis of subscribed to the within instrument and acknowledged to | personally appeared PERTIES LLC, A CALIFORNIA LIMITED LIABILITY COMPANY of satisfactory evidence) to be the person(s) whose name(s) is/are of me that HE executed the same in his authorized capacity(ies), and that the entity upon behalf of which the person(s) acted, executed the |
| witness my hand and official seal.                                                                              | NOTARIZATION<br>ATTACHED                                                                                                                                                                                                                                                               |
|                                                                                                                 | ATTACHED                                                                                                                                                                                                                                                                               |
| Signature                                                                                                       |                                                                                                                                                                                                                                                                                        |



## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| County of SANTA CRUZ                                                                                                                                                             | [18] [18] [18] [18] [18] [18] [18] [18]                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  | PC - dl whom Mint - Plans                                                                                                                                                                                                                                                                                                                                                                              |  |
| On Jane, Zoos before me, Holl                                                                                                                                                    | Here Insert Name and Title of the Officer.                                                                                                                                                                                                                                                                                                                                                             |  |
| personally appeared THOMAS A HAGERTY                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Name(s) of Signer(s)                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| HOLLY BLUE HAWKINS Commission # 1715675 Notary Public - California Santa Cruz County MyComm. Spiles Jan 11, 2011                                                                 | who proved to me on the basis of satisfactory evidence to be the person (a) whose name (a) is/ere subscribed to the within instrument and acknowledged to me that he/ehe/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature (a) on the instrument the person (b), or the entity upon behalf of which the person (c) acted, executed the instrument. |  |
|                                                                                                                                                                                  | I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                  | WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                  | I Matter And Andrew                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Place Notary Seal Above                                                                                                                                                          | Signature Signature of Notary Public                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                  | TIONAL                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| and could prevent fraudulent removal and i                                                                                                                                       | it may prove valuable to persons relying on the document reattachment of this form to another document.                                                                                                                                                                                                                                                                                                |  |
| Description of Attached Document                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Title or Type of Document STATUTORY WA                                                                                                                                           | PRANTY DEED/FECROW#MT81263-LW)                                                                                                                                                                                                                                                                                                                                                                         |  |
| Document Date: ANUARY 8, 2008                                                                                                                                                    | Number of Pages: TWO (2)                                                                                                                                                                                                                                                                                                                                                                               |  |
| Signer(s) Other Than Named Above:                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Capacity(ies) Claimed by Signer(s)                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Signer's Name: THOMAS HACKERTY                                                                                                                                                   | Signer's Name:                                                                                                                                                                                                                                                                                                                                                                                         |  |
| ☐ Individual                                                                                                                                                                     | ☐ Individual                                                                                                                                                                                                                                                                                                                                                                                           |  |
| ☐ Corporate Officer — Title(s):                                                                                                                                                  | □ Corporate Officer — Title(e):     □ Partner — □ Limited ☑ General                                                                                                                                                                                                                                                                                                                                    |  |
| ☐ Attorney in Fact RIGHT THOMBPRII OF SIGNER                                                                                                                                     | ☐ Attorney in Fact OF SIGNER                                                                                                                                                                                                                                                                                                                                                                           |  |
| ☐ Trustee Top of thumb her                                                                                                                                                       | Irustee                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Guardian or Conservator  ☑ Other: MANAGING                                                                                                                                     | ☐ Guardian or Conservator ☐ Other:                                                                                                                                                                                                                                                                                                                                                                     |  |
| MEMBER                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Signer Is Representing: 4054                                                                                                                                                     | Signer Is Representing:                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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