

2008-011373

Klamath County, Oregon



00051315200800113730030037

08/11/2008 11:48:05 AM

Fee: \$31.00



After recording return to:
Keith Michael Thompson
PO Box 661496
Arcadia, CA 91066-1496

Until a change is requested all tax statements
shall be sent to the following address:
Keith Michael Thompson
PO Box 661496
Arcadia, CA 91066-1496

File No.: 7021-1261111 (ALF)
Date: July 15, 2008

THIS SPACE

STATUTORY WARRANTY DEED

Eugene E. LeClair and Ann M. LeClair, trustees or their successors in Trust, under the LeClair Living Trust dated March 4, 1999, and any amendments thereto, Grantee, Grantor, conveys and warrants to Keith Michael Thompson and David Robert Thompson and Elizabeth Jane Thompson, not as tenants in common but with full rights of survivorship, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lot 23 Block 49 Klamath Falls Forest Estates Highway 66 Unit, Plat No. 2, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon

Subject to:

1. Fiscal year real property taxes, a lien not yet payable.
2. 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 **\$3,000.00**. (Here comply with requirements of ORS 93.030)

F31

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007. 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, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007.

Dated this 5th day of AUGUST, 2008.

Leclair Living Trust

Eugene E. Leclair Trustee
Eugene E. LeClair, Trustee

Ann M. Leclair Trustee
Ann M. LeClair, Trustee

STATE OF Oregon)
)ss.
County of Klamath)

This instrument was acknowledged before me on this _____ day of _____, 20____
by as of Leclair Living Trust, on behalf of the .

Notary Public for Oregon
My commission expires:

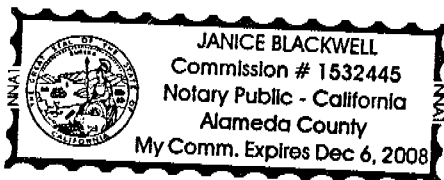
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Alameda

On August 5, 2008 before me, Janice Blackwell / Notary

personally appeared Eugene E. Leclair
Ann M Leclair



who 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.

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.

Signature Janice Blackwell
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Statutory Warranty Deed

Document Date: 8-5-08 Number of Pages: 2

Signer(s) Other Than Named Above: no other signers

Capacity(ies) Claimed by Signer(s)

Signer's Name: Eugene E Leclair

☒ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

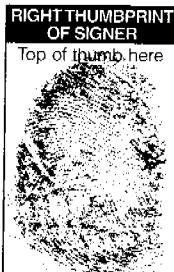
☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____



Signer's Name: Ann M Leclair

☒ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

