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2008-011639 Klamath County, Oregon



08/15/2008 12:50:11 PM

Fee: \$26.00

Flicki M. JohnsonMckim

Ralph N. Mckim

1712 Sangent Ave.

Klamath Falls, OR

97601

| Above Space Reserved for Recording [If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Warranty Deed                                                                                                                                                                                                                                       |
| Date of this Document: August 15, 2008                                                                                                                                                                                                              |
| Reference Number of Related Documents:                                                                                                                                                                                                              |
| Grantor(s):  Name Vicki M. Johnson- Mckim  Street Address 1712 Sargent Ave  City/State/Zip Klamath Falls, OR 97601                                                                                                                                  |
| Grantee(s):  Name Vicki M. Johnson - mckim / Ralph N. mckim (as Tenants by the Street Address 1712 Sangent Due entikety / City/State/Zip Klamath Falls, OR 97601                                                                                    |
| Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): Lots 20+21, Block 9 Chiloguin West & White x 72447 1972 Shas Tomobile home, 215 North Lalakes, Chiloguin, OR |
| Assessor's Property Tax Parcel/Account Number(s): 3407-034DB-08400-000 Key # 20262/ 3407-034DB-08500-000 Key # 20262/                                                                                                                               |
| For good consideration,, of, County ofKlamaTh,                                                                                                                                                                                                      |
| State of Oregon, hereby bargain, deed and convey to Vickim. Johnson-mckin/ Ralph N. McKim as of Klamath Falls County of Klamath, State of Oregon, the following described land in                                                                   |
| Ralph N. McKim as of Klamath Falls                                                                                                                                                                                                                  |
| County of Klamak, State of Oregan, the following described land in                                                                                                                                                                                  |
| Clameth County, free and clear with WARRANTY COVENANTS; to wit: Lots 20+21, Block 9                                                                                                                                                                 |
| Chiloguin West + White x 72447 1972 Shasta mobile home.                                                                                                                                                                                             |

| Grantor, for itself and its heirs, hereby covenants with Grantee, it                                                                                                                                                                     |                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| in fee simple of the above-described premises; that it has a good right to convey; that the premises are free from all encumbrances; that Grantor and its heirs, and all persons acquiring any interest in the property granted, through |                                                                                                                                      |  |
| or for Grantor, will, on demand of Grantee, or its heirs or assigns, and at the expense of Grantee, its heirs or assigns,                                                                                                                |                                                                                                                                      |  |
| execute any instrument necessary for the further assurance of the title to the premises that may be reasonably required;                                                                                                                 |                                                                                                                                      |  |
| and that Grantor and its heirs will forever warrant and defend al                                                                                                                                                                        | Il of the property so granted to Grantee, its heirs, and                                                                             |  |
| assigns, against every person lawfully claiming the same or any p                                                                                                                                                                        | ll of the property so granted to Grantee, its heirs, and part thereof.  Of Reconveyance - Aug 12, 2004  GRANT DEED + QUIT CIAIM DEED |  |
| Daing the same property conveyed to the Cranter by dead of                                                                                                                                                                               | GRANTY UMIM dated                                                                                                                    |  |
| Being the same property conveyed to the Grantor by deed of _                                                                                                                                                                             |                                                                                                                                      |  |
| July 1, 2008                                                                                                                                                                                                                             | •                                                                                                                                    |  |
| WITNESS the hands and seal of said Grantor this/ \( \sum_{\text{ord}} \)                                                                                                                                                                 | day of August 2008.                                                                                                                  |  |
|                                                                                                                                                                                                                                          | With many John mole                                                                                                                  |  |
|                                                                                                                                                                                                                                          | Grantor                                                                                                                              |  |
|                                                                                                                                                                                                                                          |                                                                                                                                      |  |
|                                                                                                                                                                                                                                          | ·<br>                                                                                                                                |  |
|                                                                                                                                                                                                                                          | Grantor                                                                                                                              |  |
| State of Oregon                                                                                                                                                                                                                          | )                                                                                                                                    |  |
| County of Klamath                                                                                                                                                                                                                        | )                                                                                                                                    |  |
| On August 15 Th 2008, before me, Deborat                                                                                                                                                                                                 | Torrie , personally                                                                                                                  |  |
| appeared Vick, Maureen Johnson-McKin                                                                                                                                                                                                     | , 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.                                                                                                                                                                                                       |                                                                                                                                      |  |
| $\bigcap$                                                                                                                                      |                                                                                                                                      |  |
| Signature Aleborah Jarrie                                                                                                                                                                                                                | Affiant Known Unknown                                                                                                                |  |
| Signature                                                                                                                                                                                                                                | ID Produced OR DL# 6986073                                                                                                           |  |
|                                                                                                                                                                                                                                          | <u> </u>                                                                                                                             |  |
|                                                                                                                                                                                                                                          | (Seal)                                                                                                                               |  |
|                                                                                                                                                                                                                                          | OFFICIAL SEAL DEBORAH TORRIE                                                                                                         |  |
|                                                                                                                                                                                                                                          | NOTARY PUBLIC - OREGON                                                                                                               |  |
|                                                                                                                                                                                                                                          | COMMISSION NO. 395757 MY COMMISSION EXPIRES OCTOBER 14, 2009                                                                         |  |
|                                                                                                                                                                                                                                          |                                                                                                                                      |  |