

EOB

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Merle West Medical Center, Inc.  
 2865 Daggett Avenue  
 Klamath Falls, OR 97601  
Grantor's Name and Address  
 Sky Lakes Medical Center, Inc.  
 2865 Daggett Avenue  
 Klamath Falls, OR 97601  
Grantee's Name and Address

2008-012506  
 Klamath County, Oregon



00052751200800125060010016

SPACE RES  
 FOR  
 RECORDER

09/08/2008 09:50:43 AM

Fee: \$21.00

After recording, return to (Name, Address, Zip):  
 Leslie Flick, Sky Lakes Medical Center, Inc.  
 2865 Daggett Avenue  
 Klamath Falls, OR 97601

Until requested otherwise, send all tax statements to (Name, Address, Zip):  
 Sky Lakes Medical Center, Inc.  
 Attn: Accounts Payable  
 2865 Daggett Avenue  
 Klamath Falls, OR 97601

## QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Merle West Medical Center, Inc., an Oregon  
Public Benefit Corporation,  
 hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Sky Lakes Medical Center, Inc., an Oregon Public Benefit Corporation,  
 hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain  
 real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in  
Klamath County, State of Oregon, described as follows, to-wit:

P.P. 92-06, PARCEL #3, ACRES 1.91

Tax No. R-3809-020AC-01102-000

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ -0-. <sup>①</sup> However, the  
 actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate  
 which) consideration. <sup>①</sup> (The sentence between the symbols <sup>①</sup>, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be  
 made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on \_\_\_\_\_; if  
 grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized  
 to do so by order of its board of directors.

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, 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 309.90, 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, CHAPTER 424, OREGON LAWS 2007.

STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on 8-26-8Leslie FlickThis instrument was acknowledged before me on 8-26-8Leslie FlickVP, SUPPORT SERVICESSKY LAKES MEDICAL CENTER

Mary Brassfield  
 Notary Public for Oregon

My commission expires Nov 30, 09