

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

After recording, return to (Name, Address, Zip):

Leslie Flick, Sky Lakes Medical Center

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

2008-012508

Klamath County, Oregon



00052753200800125080010010

SPACE RESE

FOR

RECORDED

09/08/2008 09:55:32 AM

Fee: \$21.00

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:

Lots 3, 4, 5 and 6, Block 34, SECOND ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

Tax Account # 3809-029AC-11300-000

(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= ① 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. ① (The sentence between the symbols ①, 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 30.230, 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

This instrument was acknowledged before me on 8-26-08 ss. MBles

This instrument was acknowledged before me on 8-26-08

by VP, SUPPORT SERVICES
as Leslie Flick
of SKY LAKES MEDICAL CENTER

Notary Public for Oregon

My commission expires

Nov 30, 09