

MT83239-LW

THIS SPACE RE

2008-012859

Klamath County, Oregon



00053208200800128590020023

09/15/2008 03:22:07 PM

Fee: \$26.00

After recording return to:

JAKE A. SCHOCK

1852 BLUE POOL WAY

CHILOQUIN, OR 97624

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

JAKE A. SCHOCK

1852 BLUE POOL WAY

CHILOQUIN, OR 97624

Escrow No. MT83239-LW

Title No. 0083239

SWD

### STATUTORY WARRANTY DEED

**BARBARA SIMI**, Grantor(s) hereby convey and warrant to **JAKE A. SCHOCK and JACLYN O. SCHOCK, as tenants by the entirety**, 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:

Lot 16, Block 4, TRACT NO. 1021, WILLIAMSON RIVER KNOLL, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

TOGETHER WITH an undivided 1/80 interest in and to the following described property:

The Easterly 60 feet of that portion of Government Lots 40, 41, 44 and 45, lying South of the Williamson River Knoll Subdivision, and North of the Williamson River, in Section 20, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon.

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:

**2008-2009 Real Property Taxes a lien not yet due and payable.**

The true and actual consideration for this conveyance is **\$13,000.00**.

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 30.930 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, CHAPTER 424, OREGON LAWS 2007.

Dated this 10 day of September, 2008

  
BARBARA SIMI

STATE OF CALIFORNIA

ss.

COUNTY OF

On \_\_\_\_\_, 2008 before me, \_\_\_\_\_ personally appeared BARBARA SIMI 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 SHE executed the same in her authorized capacity(ies), and that by her 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.

*See Attached Notary*

Signature \_\_\_\_\_

2008/9/15

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

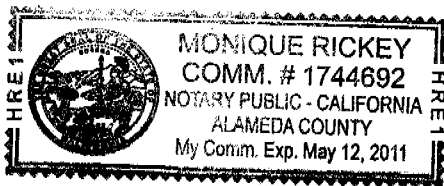
State of CALIFORNIA

County of ALAMEDA

On Sept. 10, 2008 before me, Monique Rickey, Notary Public,  
DATE NAME OF NOTARY PUBLIC

personally appeared Barbara Simi  
NAME(S) OF SIGNER(S)

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~~ signatures~~(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.

Monique Rickey  
SIGNATURE OF NOTARY

-----OPTIONAL-----

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

CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER

- Title  
☐ PARTNER'S ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER(S) IS/ARE REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ATTACHED DOCUMENT

\_\_\_\_\_  
TITLE OR TYPE OF DOCUMENT

\_\_\_\_\_  
NUMBER OF PAGES  
(INCLUDES NOTARY ACKNOWLEDGEMENT)

\_\_\_\_\_  
DATE OF DOCUMENT

\_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE

- ☐ SIGNER(S) HAS/HAVE BEEN FINGERPRINTED