

2009-004402

Klamath County, Oregon



00063329200900044020020024

THIS SPACE

03/27/2009 03:15:38 PM

Fee: \$26.00



After recording return to:  
Douglas D. McInnis and Joy M.  
McInnis  
8321 Hill Road  
Klamath Falls, OR 97603

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

Douglas D. McInnis and Joy M.  
McInnis  
8321 Hill Road  
Klamath Falls, OR 97603

File No.: 7021-1347759 (ALF)

Date: January 28, 2009

### STATUTORY WARRANTY DEED

**Sky Lakes Medical Center, Inc., an Oregon Public Benefit Corporation**, Grantor, conveys and warrants to **Douglas D. McInnis and Joy M. McInnis as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Klamath, State of Oregon, described as follows:

**LOTS 23 AND 24, BLOCK 71, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS,  
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE CLERK OF  
KLAMATH COUNTY, OREGON.**

**Subject to:**

1. 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 **\$225,000.00**. (Here comply with requirements of ORS 93.030)

*Handwritten signature/initials*

APN: R212530

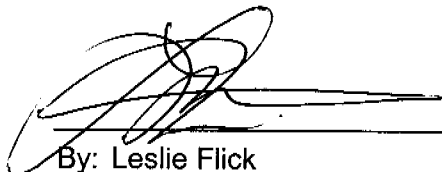
Statutory Warranty Deed  
- continued

File No.: 7021-1347759 (ALF)  
Date: 01/28/2009

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 27th day of MARCH, 20 09.

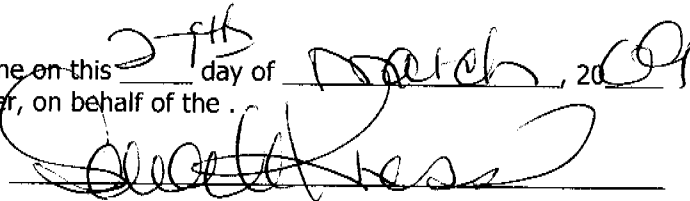
Sky Lakes Medical Center

  
By: Leslie Flick

STATE OF Oregon )  
 )ss.  
County of Klamath )

This instrument was acknowledged before me on this 27th day of March, 2009  
by Leslie Flick as of Sky Lakes Medical Center, on behalf of the .



  
Notary Public for Oregon  
My commission expires: 10/16/2010