MARY S. LANDSIEDEL, Husband and Wife KLAMATH FALLS, OREGON	Klamath County, Oregon
Grantors' Name and Address	
MARY S. LANDSIEDEL	00065403200900061900020027
1439 McClellan Dr.	05/05/2009 01:32:31 PM Fee: \$26.00
KLAMATH FALLS, OREGON Grantee's Name and Address	
After recording, return to (Name, Address, Zip):	
MARY S. LANDSIEDEL	
1439 McClellan Dr.	
KLAMATH FALLS, OREGON	
Until requested otherwise, send all tax statements to: MARY S. LANDSIEDEL	
1439 McClellan Dr.	
Klamath-Falls, Oregon	
BARGAIN AND SA	JE DEED
KNOW BY ALL THESE PRESENTS that SAMUEL G. LANDSIEDE grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell an and unto grantee's heirs, successors and assigns, all of that certain real property, with or in any way appertaining, situated in KLAMATH, County, State of Oregon, des	nd convey unto MARY S. LANDSIEDEL, hereinafter called grantee, here the tenements, hereditaments and appurtenances thereunto belonging
Lot 96 of MOYINA, according to the official pl County Clerk of Klamath County, Oregon.	lat thereof on file in the office of the
To Have and to Hold the same unto grantee and grantee's heirs, success	sors and assigns forever.
The true and actual consideration paid for this transfer, stated in terms certain dissolution of marriage proceeding in Klamath County Circuit Court Carequires, the singular includes the plural.	of dollars, is \$0 Transfer is made pursuant to settlement of that se No.07-04783 CV. In construing this deed, where the context so
IN WITNESS WHEREOF, the grantor has executed this instrument thi	is 18 day of March, 2009.
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 19 OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGUL INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROP OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE USE TABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215. PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FA 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PEAND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, ORE SAMUEL	95.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT ATIONS. BEFORE SIGNING OR ACCEPTING THIS BERTY SHOULD CHECK WITH THE APPROPRIATE CITY NIT OF LAND BEING TRANSFERRED IS A LAWFULLY .010, TO VERIFY THE APPROVED USES OF THE LOT OR ARMING OR FOREST PRACTICES, AS DEFINED IN ORS ROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301
STATE OF OREGON, COUNTY OF KLAMATH) ss.	
THIS INSTRUMENT WAS ACKNOWLEDGED before me thisLANDSIEDEL.	day of, 2009, by SAMUEL G.
	NOTARY PUBLIC FOR OREGON My Commission Expires:
Mary S	LANDSIEDEL
STATE OF OREGON, COUNTY OF KLAMATH) ss.	
	day of May , 2009, by MARY S. NOTARY PUBLIC FOR OREGON My Commission Expires: 5 14/13

26

LISA ANN COONEY
NOTARY PUBLIC-OREGON
COMMISSION NO. 438304
MY COMMISSION EXPIRES MAY 4, 2013

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of Batte	
on 18 Marl '09 before me, Elizabe, personally appeared Samue (G. L	A Quivey, Notary Public, (Here insert name and title of the officer) and siedel,
who proved to me on the basis of satisfactory evid	ence to be the person(s) whose name(s) is/are subscribed to at he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	ELIZABETH QUIVEY COMM. # 1820246 NOTARY PUBLIC - CALIFORNIA O BUTTE COUNTY COMM. EXPIRES OCT. 28, 2012
ADDITIONAL OPTIONAL INFORMATION	
DESCRIPTION OF THE ATTACHED DOCUMENT Solve Deel (Fitle or description of attached document) (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
(Additional information)	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /ere) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.

acknowledgment is not misused or attached to a different document.

Securely attach this document to the signed document

Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

☐ Trustee(s)

□ Other _