**ED OUEILHE** Grantor's Name and Address EDWARD LOUIES OUEILHE 4294 N. ELECTRIC AVE. SAN BERNARDINO, CA 92407 Grantee's Name and Address After recording return to: EDWARD LOUIES OUEILHE 4294 N. ELECTRIC AVE. 92407 SAN BERNARDINO, CA Until a change is requested all tax statements shall be sent to the following address: **EDWARD LOUIES OUEILHE** 4294 N ELECTRIC AVE. SAN BERNARDINO, CA 92407

MT84703-DS

BSD

THIS SP

2009-008663 Klamath County, Oregon

06/23/2009 11:30:36 AM

Fee: \$31.00

## BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That ED OUEILHE and DEBORAH LYN OUEILHE, as tenants by the entirety, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto JAIRUS JONATHAN OUEILHE AND EDWARD LOUIES OUEILHE, not as tenants in common, but with right of survivorship, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anyway appertaining, situated in the County of KLAMATH, State of Oregon, described as follows, to wit:

Lot 18, Block 9, Tract 1053 Oregon Shores situated in Section 6, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon.

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.

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 **\$0.00**.

However, the actual consideration consists of or includes other property or value given or promised which is the whole / part of the consideration.

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.

SIAMT

| In Witness Whereof, the corporate grantor, it has c do so by order of its board | grantor has executed this in aused its name to be signed and of directors. | strument this 5 day o       | of                     | , <u>2009</u> ; if a on duly authorized to |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------|------------------------|--------------------------------------------|
| ED OUEILHE<br>DEBORAH LYN OUEIL                                                 | Lyn Cuel                                                                   | eke)                        |                        |                                            |
| STATE OF CALIFORNIA                                                             |                                                                            |                             |                        |                                            |
| COUNTY OF                                                                       | SS.                                                                        | _                           |                        |                                            |
| and DEBORAH LYN OU person(s) whose name(s) i                                    | , 2009 before me,                                                          | istrupaent and acknowledged | I to me that THEY exec | ence) to be the cuted the same in          |
| WITNESS my hand and o                                                           | fficial seal.                                                              |                             | < A                    |                                            |
| Signature                                                                       |                                                                            | - Deeth                     | actel                  |                                            |

## ALL-PURPOSE ACKNOWLEDGMENT

| County of San Bernardino                                                                                                                                                                                                                       | ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| ** F 8000                                                                                                                                                                                                                                      | — <b>)</b> Bertha M. Maloncon, Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (DATE)                                                                                                                                                                                                                                         | (LOTA DIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| personally appeared *Ed Oueilhe and Debo                                                                                                                                                                                                       | rah Lyn Oueilhe**  SIGNER(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| □ personally known to me - OR- →                                                                                                                                                                                                               | proved to me on the basis of satisfactor evidence to be the person(s) whose name(is/are subscribed to the within instrument at acknowledged to me that he/she/they execute the same in his/her/their authorize capacity(ies), and that by his/her/the signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| COMM. # 1791329  NOTARY PUBLIC - CALIFORMA  SAN BERNARDINO COUNTY  My Comm. Expires March 12, 2012                                                                                                                                             | WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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