



THIS SPACE

2010-000213  
Klamath County, Oregon



00077673201000002130020028

01/06/2010 03:03:23 PM

Fee: \$42.00

After recording return to:  
RM LAND OREGON LLC  
Secretariat Dr.  
Tempe, AZ 85284

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

RM LAND OREGON LLC  
Secretariat Dr.  
Tempe, AZ 85284

Escrow No. MT86681-DS  
Title No. 0086681  
SWD

### STATUTORY WARRANTY DEED

**JOHN K. CONNELL**, Grantor(s) hereby convey and warrant to **RM LAND OREGON LLC, an Oregon Limited Liability Company**, 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 13, Block 5, OREGON PINES, according to the official plat thereof on file in the office of the County Clerk, 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:

The true and actual consideration for this conveyance is **\$2,500.00**.

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.

JKC  
Dated this 7-4 day of JAN, 2010.

John K. Connell  
JOHN K. CONNELL

STATE OF CALIFORNIA

ss.

COUNTY OF San Luis Obispo

On \_\_\_\_\_, 2009 before me, \_\_\_\_\_ personally appeared JOHN K. CONNELL 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 he executed the same in his authorized capacity(ies), and that by his signatures(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.

Signature \_\_\_\_\_

*See attached CF*

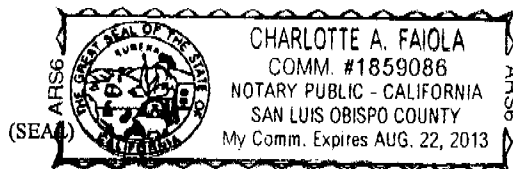
42pwf

State of CALIFORNIA  
County of SAN LUIS OBISPO

On 1-4-10 before me, Charlotte A. Faiola, Notary Public  
personally appeared John K. Connell

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 signature(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.

Charlotte A. Faiola  
(SIGNATURE OF NOTARY)

#### ATTENTION NOTARY

The information requested below and in the column to the right is **OPTIONAL**.  
Recording of this document is not required by law and is also optional.  
It could, however, prevent fraudulent attachment of this certificate to any unauthorized  
document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document Statutory Warranty Deed  
Number of Pages 1 Date of Document 1-4-10  
Signer(s) Other Than Named Above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT (Optional)



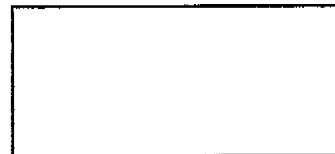
CAPACITY CLAIMED BY SIGNER(S)

- ☒ INDIVIDUAL(S)  
☐ CORPORATE \_\_\_\_\_  
OFFICER(S) \_\_\_\_\_  
☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY IN FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies)  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☒ INDIVIDUAL(S)  
☐ CORPORATE \_\_\_\_\_  
OFFICER(S) \_\_\_\_\_  
☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY IN FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies)  
\_\_\_\_\_  
\_\_\_\_\_