

2010-002669

Klamath County, Oregon



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02/26/2010 08:50:45 AM

Fee: \$42.00

FORM No. 963—WARRANTY DEED—STATUTORY FORM (Individual Grantor).

NL

WARRANTY DEED—STATUTORY FORM
INDIVIDUAL GRANTOR



Robert C. King III and George T. King, Grantor,
conveys and warrants to 3 CROWN MISSION

Grantee, the following described real property free of encumbrances
except as specifically set forth herein situated in Klamath County, Oregon, to-wit:

Roberts River Acres
Block 2 Lot 22

This document is being signed
in counterpart.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The property is free from encumbrances except

The true consideration for this conveyance is \$ 5.00 (Here comply with the requirements of ORS 93.030)

Dated this 28th day of January, 2010

THIS INSTRUMENT WILL 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 APPROVED USES.

Robert C. King III
George T. King

STATE OF OREGON, County of Multnomah) ss.

This instrument was acknowledged before me on January 28, 2010,
by Robert C. King III and George T. King



OFFICIAL SEAL
CHERYL VONDER BURG
NOTARY PUBLIC-OREGON
COMMISSION NO. 432868

MY COMMISSION EXPIRES NOVEMBER 15, 2012

WARRANTY DEED

Cheryl Vonderburg
Notary Public for Oregon

My commission expires 11-15-2012

Robert C. King III
George T. King

GRANTOR

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

3 Crown Mission
11918 SE Division St # 382
Portland, Oregon 97266

NAME, ADDRESS, ZIP

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

Same as above

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of _____ } ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of
County affixed.

NAME

TITLE

By _____

Deputy

SPACE RESERVED

FOR

RECORDER'S USE

NL

WARRANTY DEED—STATUTORY FORM
INDIVIDUAL GRANTOR



Theodore J. King, Grantor,
conveys and warrants to 3 CROWN MISSION

, Grantee, the following described real property free of encumbrances
except as specifically set forth herein situated in Klamath County, Oregon, to-wit:

Roberts River Acres
Block 2 Lot 22

*This document is being
signed in counterpart.*

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The property is free from encumbrances except

The true consideration for this conveyance is \$ 5.00 (Here comply with the requirements of ORS 93.030)

Dated this _____ day of _____, 19____

THIS INSTRUMENT WILL 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 APPROVED USES.

Montana
STATE OF ~~OREGON~~, County of Lincoln, ss.
This instrument was acknowledged before me on February 2nd, 2010
by Theodore J. King

T. R. H. E. S.
Notary Public for ~~Oregon~~ Montana
My commission expires May 12, 2012

WARRANTY DEED

Theodore J. King
GRANTOR
GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

11918 SE Division St #382
Portland, Oregon 97266

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of _____ } ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of
County affixed.

NAME

TITLE

By _____ Deputy