

1st 1674110

2011-000521

Klamath County, Oregon



THIS SPACE



00095395201100005210030039

01/14/2011 03:08:27 PM

Fee: \$47.00

After recording return to:

Difani Revocable Trust

6831 Stoneridge

Klamath Falls, OR 97601

2007.5 Rodeo Dr
Bend, OR 97701

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

Difani Revocable Trust

6831 Stoneridge

Klamath Falls, OR 97601

Same as Above

File No.: 7021-1674110 (ALF)

Date: January 06, 2011

STATUTORY WARRANTY DEED

Jeffrey A. Devish and Staci M. Devish, husband and wife, Grantor, conveys and warrants to **Timothy L Difani and Dayle M Difani, Trustees of the Difani Revocable Trust**, 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:

**LOT 61, TRACT 1476, GRAY ROCK PHASE 5, ACCORDING TO THE OFFICIAL PLAT THEREOF
ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.**

Subject to:

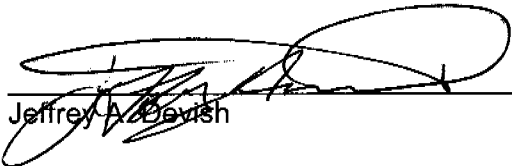
1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.


The true consideration for this conveyance is **\$269,000.00**. (Here comply with requirements of ORS 93.030)

8

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Dated this 13 day of January, 2011.


Jeffrey A. Devish


Staci M. Devish

STATE OF Oregon)
)ss.
County of Klamath)

This instrument was acknowledged before me on this _____ day of _____, 20____
by **Jeffrey A. Devish and Staci M. Devish.**

Notary Public for Oregon
My commission expires:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Shasta

On Jan 13, 2011

Date

before me,

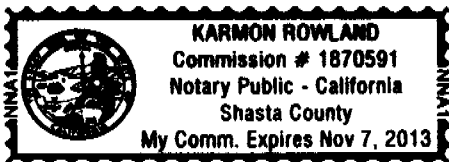
Karmon Rowland, Notary Public

Here Insert Name and Title of the Officer

personally appeared

Jeffrey A Derish and Stoci M Derish

Name(s) of Signer(s)



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.

Signature:

Karmon Rowland

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Statutory Warranty Deed

Document Date:

1-13-11

Number of Pages:

2

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

☐ Corporate Officer — Title(s):

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name:

☐ Corporate Officer — Title(s):

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

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OF SIGNER
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