Klamath County, Oregon

00096801201100016840030030

02/14/2011 03:36:39 PM

Fee: \$47.00

Grantor: Sage Abella

PO box 1282

Middletown, CA 95461

Grantee: Sage Abella and Kenn Russell Stump,

BARGAIN AND SALE DEED

as Trustees of the Fat Destiny Trust

PO box 1282

Middletown, CA 95461

After recording, return to

James R. Uerlings

Boivin, Uerlings & Dilaconi, P.C.

803 Main Street, Ste 201

Klamath Falls, OR 97601

Send tax statements to:

Sage Abella and Kenn Russell Stump, as Trustees of the Fat Destiny Trust

PO box 1282

Middletown, CA 95461

Consideration: \$0.00

KNOW ALL MEN BY THESE PRESENTS, That Sage Abella, hereinafter called Grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Sage Abella and Kenn Russell Stump, as Trustees of the Fat Destiny Trust Agreement dated January 21, 2011, 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 anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Parcel 1: The Northerly 12 feet (as measured along 5th Street) of the Easterly ½ of Lot 1 (as measured along Pine Street) of Block 8, KLAMATH FALLS ORIGINAL and the Easterly 33.25 feet (as measured along Pine Street) of the Southerly 60 feet (as measured along 5th Street) of Lot 8, Block 8, KLAMATH FALLS ORIGINAL in the City of Klamath Falls, Klamath County, Oregon

Property Tax Ids #R475925 and #R475827

Parcel 2: Lot 64 and the Easterly 13' of Lot 63 and the adjacent vacated alley of ROSELAWN to the city of Klamath Falls, Oregon; being a subdivision of Block 70, BUENA VISTA ADDITION in the City of Klamath Falls, Klamath County, Oregon

Property Tax Id #R213771

To Have and to Hold the same unto the said 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 of the consideration.

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

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, 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, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

In Witness Whereof, the Grantor has executed this instrument this Z day of February, 2011; if a corporate Grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

STATE OF CALIFORNIA)

This instrument was acknowledged before me on February 7, 2011 by Sage Abella.

School Tour

Notary Public for California

My Commission Expires: 20/1

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of Lakel.	
On February 7, 2011 before me, Letter personally appeared Abolla Sage	a Trent Notory Public, (Here insert name and title of the officer)
the within instrument and acknowledged to me tha	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.	laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	LETICIA TRENT COMM. #1737207 NOTARY PUBLIC - CALIFORMA LAKE COUNTY My Comm. Expires May 4, 2011
ADDITIONAL OP	TIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT Bayain & Sale Deed (Table or description of attached document) (Title or description of attached document continued) Number of Pages 2 Document Date 2/7/2011 (Additional information)	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 attacled 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. • 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 • 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 notarization.
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary scal impression must be clear and photographically reproducible.

Securely attach this document to the signed document