

2011-007435

Klamath County, Oregon



00103595201100074350050058

06/20/2011 10:09:43 AM

Fee: \$57.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:
DAVID URQUIDI
7638 MAYWOOD DRIVE
PLEASANTON, CA 94588

Until a change is requested all tax statements
shall be sent to the following address:
DAVID URQUIDI
7638 MAYWOOD DRIVE
PLEASANTON, CA 94588

File No.:
Date: FEBRUARY 24, 2011

STATUTORY BARGAIN AND SALE DEED

DAVID M. URQUIDI AND MICHELLE S URQUIDI, TRUSTEES AND SUCCESSOR TRUSTEES OF THE DAVID AND MICHELLE URQUIDI TRUST, UTD 4/19/04, Grantor, conveys to **DAVID M. URQUIDI, AN UNMARRIED MAN** Grantee, the following described real property:

LEGAL DESCRIPTION: Real property in the County of KLAMATH, State of Oregon, described as follows:

SEE ATTACHED EXHIBIT A

The true consideration for this conveyance is **\$0.00**. (Here comply with requirements of ORS 93.030)

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.

APN:

Bargain and Sale Deed
- continued

Dated this 7 day of APRIL, 20 11

David M. Urquidi, Trustee 4/26/11
DAVID M. URQUIDI, TRUSTEE

Michelle S. Urquidi, TTEE
MICHELLE S URQUIDI, TRUSTEE

STATE OF ~~Oregon~~ CALIFORNIA
~~County of Klamath~~ San Bernardino)
County of KLAMATH)

This instrument was acknowledged before me on this 7 day of APRIL, 20 11
by.

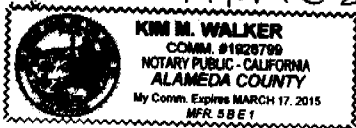
[Signature]

Notary Public for ~~Oregon~~ CALIFORNIA
My commission expires: 1-7-2014

See Attachment

Please see attached
"Lore" notary certificate

State of California
County of Alameda
April 26, 2011



My Comm. Ex. March 17, 2015

Kim m. walker, Notary Public
personally appeared David M. Urquidi, trustee
[Signature]

EXHIBIT A

The S1/2 of the S1/2 of the SE1/4 of Section 19 and the S1/2 of the SW1/4 of the SW1/4 and the S1/2 of the N1/2 of the SW1/4 of the SW1/4 of Section 20, in Township 34 South Range 7 East, Willamette Meridian, Klamath County, Oregon.

EXCEPTING THEREFROM that portion thereof conveyed to the State of Oregon by and through its Department of Transportation by Warranty Deed dated April 18, 2002, recorded May 9, 2002, in Volume M02, page 27691, Microfilm Records of Klamath County, Oregon. AND EXCEPTING THEREFROM that portion thereof in Agency Lake Chiloquin Highway, also known as State Highway 422.

Tax Account No: 3407-01900-00300-000
188807

Key No:

Tax Account No.: 3407-02000-00500-000

Key No.: 18816

Duen

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Alameda

On April 26, 2011 before me, Kim M. Walker, Notary Public,
(Here insert name and title of the officer)

personally appeared David M. Urquidi, Trustee

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.

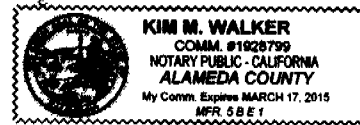
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

My Comm Ex. March 17, 2015

[Signature]
Signature of Notary Public

(Notary Seal)



Kim M. Walker

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

STATUTORY BARGAIN

(Title or description of attached document)

AND SALE DEED

(Title or description of attached document continued)

Number of Pages 5 Document Date 2/24/11

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

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 attached 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.
- 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 seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Cruz

On April 7, 2011 before me, Darlene E. Francis Notary Public
Date Here Insert Name and Title of the Officer

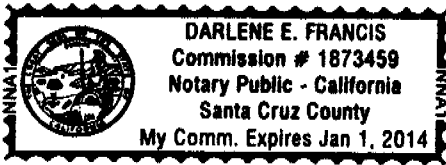
personally appeared Michelle Sue Urquidi
Name(s) of Signer(s)

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 Darlene E. Francis
Signature of Notary Public



Place Notary Seal 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 Sale Deed

Document Date: 2-29-11 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____