2011-007435 Klamath County, Oregon



06/20/2011 10:09:43 AM

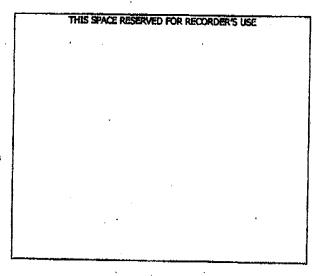
Fee: \$57.00

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.

Page 1 of 2

me

Dated this day of
David W. Master Taurer 4/20/11
Michelle S. Majudi, TIEE
STATE OF Oregon )  SCOUNTY OF KLAMATH )
This instrument was acknowledged before me on this
My commission expires:
See Attachmit Deenso see attached
State of california
Country of Alameda
HPril Z6, 2011  KIM M. WALKER  COMM. \$1928790  NOTARY PUBLIC CALIFORNA  ALAMEDA COLINTY  My Comm. Exprise MARCH 17, 2015  MR 58E1  MY COMM. Ex. Warch 17, 2015
12im m. walker, Notany Public
Olysons levy opprend Devid M. Mkouller, washer
A. William
Page 2 of 2

#### EXECUSIT 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 Bast, 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 MO2, 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: 188807 3407-01900-00300-000

Key No:

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

Key No.:

18816

Dur

## **CALIFORNIA ALL-PURPOSE** CERTIFICATE OF ACKNOWLEDGMENT

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to

before me, 16mm. weller watery Public, (Here insert name and title of the officer)

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

the within instrument and acknowledged to me that capacity(ies), and that by his/her/their signature(s) which the person(s) acted, executed the instrument.	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.  WITNESS my hand and official seal.  Signature of Notary Public  Signature of Notary Public	KIM M. WALKER COMM. 91928799 NOTARY PUBLIC CALIFORNIA ALAMER COLUMNY My Comm. Explicit MARCH 17, 2015 MFR 88E1  (Notary Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT  STATUTORY BARGAIN  (Title or description of attached document)  AND SALL DEED  (Title or description of attached document continued)  Number of Pages 5 Document Date 2/24/11  (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 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.
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	<ul> <li>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.</li> <li>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.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> <li>❖ Indicate title or type of attached document, number of pages and date.</li> <li>❖ Indicate the capacity claimed by the signer. If the claimed capacity is a</li> </ul>

State of California

personally appeared

County of Alameda

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	1	
County of Sunta CRUZ	<b>_</b>	
On April 7 2011 before me, Da	riono E. Francis Notary Files Here Insert Name and Title of the Officer	
personally appeared	Here Insert Name and Title of the Officer  SUC UKBUIDI	
	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.	
DARLENE E. FRANCIS Commission # 1873459 Notary Public - California Santa Cruz County My Comm. Expires Jan 1, 2014	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
my Collini, Expires Jan 1, 2014	WITNESS my hand and official seal.	
Place Notary Seal Above	Signature Signature of Notary Public	
Though the information below is not required by law, it	TIONAL transfer 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: Statutoray	Jule Dead	
Document Date: 2-24-11	Number of Pages:	
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:   Signer Is Representing:	☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other:	
Signer Is Representing:	Signer Is Representing:	