BE NO PART OF ANY STEVENS NE	SS FORM MAY BE REPRODUCED IN ANY FORM ON BY ANY ELECT HONIC OR MECHANICAL MEANS.
Plank IFF	2011-010147
2234 Quito Rd	Z011-010147 Klamath County, Oregon
Grantor's Name and Address	#1 # 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3334 Orito Kg	
S T CA 95 120 Grantee's Name and Address	00107039201100101470020029  SPACE RESE FOR 09/07/2011 12:20:52 PM Fee: \$42.00
Atter recording, return to (Name, Address, Zip):	RECORDER'S USE  Witness my hand and seal of County affixed.
5337 Orito Kg	witness my hand and sear of county arrived.
Until requested otherwise, send all tax statements to (Name, Address, Zip):	NAME TITLE
Same As Above	By, Deputy.
	-
KNOW ALL BY THESE PRESENTS that?	L SOOK L GOTH
	ter stated, does hereby remise, release and forever quitclaim unto
hereinafter called grantee, and unto grantee's heirs, succeeding property, with the tenements, hereditaments and a County, State of Orce	cessors and assigns, all of the grantor's right, title and interest in that certain appurtenances thereunto belonging or in any way appertaining, situated in egon, described as follows, to-wit:
AGENCY LAKE RAN	OCHES
LOT 23	
TRAC+ 1287	
MACT 1201	
!	
(IF SPACE INSUFF	CIENT, CONTINUE DESCRIPTION ON REVERSE)
To Have and to Hold the same unto grantee and	
actual consideration consists of or includes other prope	rty or value given or promised which is $\square$ part of the $\square$ the whole (indicate
which) consideration. (The sentence between the symbols (),	if not applicable, should be deleted. Sec ORS 93.030.) quires, the singular includes the plural, and all grammatical changes shall be
	ons and to individuals.  uted this instrument on 5 July 2011; if
IN WITNESS WHEREOF, the grantor has exec	gned and its seal, if any, affixed by an officer or other person duly authorized
to do so by order of its board of directors.  BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRI	_ ( )
INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195,300, 195,	301 AND 195.305 10 TIONS 2 TO 9 AND 17.
CHAPTER 855, OREGON LAWS 2009, THIS INSTRUMENT DOES NOT ALLOW US DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAW BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRIF	SE OF THE PROPERTY IS AND REGULATIONS. PILSONK I GOT
PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANN	ING DEPARTMENT TO SHED LOT OR PARCEL.
AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE DETERMINE ANY LIMITS ON LAWSHITS AGAINST FARMING OR FOREST PRAC	TICES. AS DEFINED IN
ORS 30,930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPEI UNDER ORS 195,300, 195,301 AND 195,305 TO 195,336 AND SECTIONS 5 TO 1 GON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS	1. CHAPTER 424, URE-
OF OPECON Com	
by	acknowledged before me on,
This instrument was	acknowledged before me on,
as	
of	
	A Natura Public for Orocon
	Notary Public for Oregon  My commission expires

PLEASE SEE ATTACHED CURRENT CALIFORNIA NOTARY FORM

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	)
County of SANTA CLARA	}
On STUL Zoil before me,	NEIL MacLEAN, NOTARY PUBLIC
	The most rame and this of the Officer
personally appeared	Name(s) of Signer(s)
NEIL MACLEAN Commission # 1841523 Notary Public - California Santa Clara County My Comm. Expires Apr 18, 2013	who proved to me on the basis of satisfactor evidence to be the person(s) whose name(s) is/ard subscribed to the within instrument and acknowledged to me that hetshe 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.
<b>P</b> (, 1,, 2,,	Signature:
Place Notary Seal Above OPTIC	ONAL Signature of Notary Public
and oddia provent haddalent removal all	w, it may prove valuable to persons relying on the document and reattachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages;
Signer(s) Other Than Named Above:	
Signer's Name:	O N
Corporate Officer — Title(s):	Signer's Name:
☐ Individual RIGHT THUMBPRIN	☐ Corporate Officer — Title(s): ☐ Individual
Partner — Dimited Deneral Top of thumb here	OF SIGNER
☐ Attorney in Fact	☐ Attorney in Fact
Trustee	☐ Trustee
Guardian or Conservator	☐ Guardian or Conservator
Other:	[] Other:
	Signer Is Representing:
Signer Is Representing:	