

MT93007-SH



THIS SPA

2012-003522  
Klamath County, Oregon



00116236201200035220020023

04/04/2012 03:10:03 PM

Fee: \$42.00

After recording return to:

TAYLOR DAY

P.O. BOX 435

CHILOQUIN, OR 97624

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

TAYLOR DAY

P.O. BOX 435

CHILOQUIN, OR 97624

Escrow No. MT93007-SH

Title No. 0093007

SWD r.020212

### STATUTORY WARRANTY DEED

**KLAMATH HEALTH PARTNERSHIP INC, an Oregon Corporation,**

Grantor(s), hereby convey and warrant to

**TAYLOR DAY and LISA DAY, as tenants by the entirety,**

Grantee(s), the following described real property in the County of **KLAMATH** and State of Oregon free of encumbrances except as specifically set forth herein:

Lots 3 and 4 in Block 15, CHILOQUIN FIRST ADDITION, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true and actual consideration for this conveyance is **\$15,000.00**.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

42pmf

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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 3 day of April, 2012

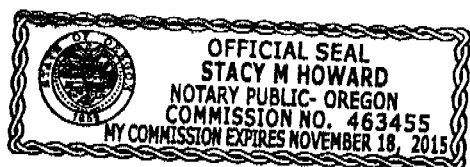
KLAMATH HEALTH PARTNERSHIP INC

BY:

Debra K. Miesch  
DEBRA K. MIESCH, REGISTERED AGENT

State of Oregon  
County of KLAMATH

This instrument was acknowledged before me on April 3, 2012 by DEBRA K. MIESCH, AS REGISTERED AGENT FOR KLAMATH HEALTH PARTNERSHIP INC.



Stacy M Howard  
(Notary Public for Oregon)

My commission expires 11-18-15