NO PART OF ANY STEVENS-NESS FORM MAY BE REI

DARWARD SCHRICK
PAMELA SCHRICK
38521 KATHLER AUF SANTA CLARIM
Grantor's Name and Address (A 91350)
ANIEL SANBORN
3731 BRISTOL AVE
KLANATH FAUS OF 97603
Grantee's Name and Address):
DANIEL SANBORN
35131 BRISTOL AVE
KLANATH FALLS (Name and Address):
DANIEL SANBORN
3931 BRISTOL AVE
KLANATH FALLS (R 9)603

2012-014427 Klamath County, Oregon

00129210201200144270020025

12/28/2012 11:15:25 AM

Fee: \$42.00

SPACE RESERVED FOR RECORDER'S USE

KNOW ALL BY THESE PRESENTS that DLIRUARD AND PAMELA SCHRICI

1931 HOPE ST. KLAMATH FALLS, OR 97603 THE SOUTHFRLY IDOFT OF TRACT STOF PLEASANT HOMES TRACTS ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, ORGON,

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $\$ \cancel{1} = \bigcirc \bigcirc$. 0 However, the actual consideration consists of or includes other property or value given or promised which is \Box part of the whole (indicate which) consideration. 0 (The sentence between the symbols 0, if not applicable, should be deleted. See ORS 93.030.)

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument on signature on behalf of a business or other entity is made with the authority of that entity. 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 FSTABLISHED 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 NEIGHBBORING 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.

of that entity.

X Nurward Schrick

Comela Schrick

by _____as ____

AL Notary Public fo

OFFICIAL SEAL
SUSAN M. COSTIC
NOTARY PUBLIC-OREGON
COMMISSION NO. 446650
MY COMMISSION EXPIRES FEBRUARY 15, 2014()

UBLISHER'S NOTE: If using this form to convey real property subject to ORS 92.027, include the required reference.

State of California)	
County of LOS AN VEILS		_ }	
On DULIM VI 17, WIL before n	- Tund	Valki Natory Public	
Date Date	ie, <u>priviou</u>	Here Insert Name and Title of the Officer	
personally appeared <u>DWYW</u> (ru ilini	Name(s) of Signer(s)	* ** T
W-100 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
L. JUODVALKIS Commission # 19714 Notary Public - Califor Los Angeles County My Comm. Expires Mar 8	e si to h h p p p la la la p la	who proved to me on the basis vidence to be the person(s) whose ubscribed to the within instrument and o me that he/she/they executed is/he//their authorized capacity(ie/s), is/her/their signature(s) on the interson(s), or the entity upon behalf erson(s) acted, executed the instrumination certify under PENALTY OF PERJUMS of the State of California that aragraph is true and correct.	name(s) is/are acknowledged the same in and that by astrument the of which the ent.
	S	ignature: TMMMMM	6
Place Notary Seal Above	- OPTION	Signature of Notary Pub	olic/
Though the information below is not a and could prevent fraudule	required by law, it	t may prove valuable to persons relying on th eattachment of this form to another documen	e document t
Description of Attached Docume			•
Title or Type of Document: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	ATTEL VIVO		
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Capacity(ies) Claimed by Signer			
Signer's Name:			
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		Trustee	
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Attorney in Fact Trustee Guardian or Conservator Other:		☐ Other:	
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