2014-009825 Klamath County, Oregon

09/22/2014 03:43:07 PM

Fee: \$52.00



After recording return to:

Ryan Leary

3757 Maidu Drive

Chiloquin, OR 97624

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

Ryan Leary

3757 Maidu Drive

Chiloquin, OR 97624

Escrow No. MT101367SH

Title No.

0101367

SWD r.020212

STATUTORY WARRANTY DEED

Shirley P. Chambers, Trustee of The Chambers Family Trust,

Grantor(s), hereby convey and warrant to

Ryan Leary and Lindsey Goss not as tenants in common, but with right of survivorship,

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 24 and 25, Block 5, LATAKOMIE SHORES, 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 \$207,000.00.

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:

2014-2015 Real Property Taxes a lien not yet due and payable.



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 2nd day of Dept. 20/14.
The Chambers Family Trust
BY: Shirley P. Chambers Trustee Shirley P. Chambers Trustee
STATE OF CALIFORNIA
COUNTY OF Los Augus
On Sett., 2014 before me, personally appeared The Chambers Family Trust personally known to me (or 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 executed the same in authorized capacity(ies), and that by signatures(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.
Signature 11 Hacked

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA	*)	
County of los Angeles	}	
On Selt. Dd., duly before me,	P Sinch Not Ary Vull (Here Insert Name and Title of the Officer	
personally appeared Shirusy P.	Name(s) of Signer(s)	
	who proved to me on the basis of satisfactory evidence to	
LP SINGH Commission # 1915768	be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/thee 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.	
Notary Public - California Los Angeles County My Comm. Expires Dec 7, 2014	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.	
Place Notary Seal Above	Signature of Notary Public	
0	PTIONAL —	
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	nd reattachment of this form to another document.	
Title or Type of Document:	MY WAMPANTY DEED	
Document Date:	Number of Pages:	
Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer(s)		
Signer's Name:	Signer's Name:	
Individual	☐ Individual	
☐ Corporate Officer — Title(s):☐ ☐ Partner — ☐ Limited ☑ General		
Attorney in Fact RIGHTTHUMBPRIN	Partner — DLimited DGeneral	
☐ Trustee OF SIGNER	☐ Attorney in Fact RIGHT THUMBPRINT OF SIGNER	
☐ Guardian or Conservator	☐ Guardian or Conservator Top of thumb here	
Other:	Other:	
Signer Is Representing:	Signer is Representing:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		