

2015-011854

Klamath County, Oregon 10/29/2015 02:24:59 PM

Fee: \$52.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording	greturn to:			
Robert P Vog	els and Denise A. Vogels			
10 Shining O	aks Dr.			
Littleton, CO 80127				
Until a change	is requested all tax statements			
shall be sent to	the following address:			
Robert P Vogels and Denise A. Vogels				
10 Shining Oaks Dr.				
Littleton, CO	80127	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
File No.	73335AM			

STATUTORY WARRANTY DEED

Anthony B. Filipps and Lisa F. Filipps, Trustees of the Filipps Family Trust, dated May 10, 2006,

Grantor(s), hereby convey and warrant to

Robert P Vogels and Denise A. Vogels, 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:

Lot 949 RUNNING Y RESORT 11 FIRST ADDITION, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

The true and actual consideration for this conveyance is \$187,000.00.

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:

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.

SECTIONS 2 TO 7, CHAPTER	R 8, OREGON	LAWS 2010.			
Dated this day of	October	,2015			
Filipps Family Trust, dated May	10, 2006				
By: Anthony B. Filipps, Trustee,					
By: Lisa F. Filipps, Trustee					
State of	} ss				
County of	}}				
On this	day of		a Notary Public in and	for said state pers	before me,
Anthony B. Filipps, Trustee and me to be the person(s) whose rexecuted same. IN WITNESS WHEREOF, I hav	name(s) is/are s	Trustee of the Filipp subscribed to the wi	os Family Trust, dated M thin Instrument and ac	May 10, 2006, known knowledged to me	n or identified to that he/she/they
written.			of the les	and year in this certi	neate mst above
Notary Public for the State of			N ·		
Residing at: Commission Expires:					
Commission expires.					

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

	State of California	_ }			
	before me, L. T. Lipps Elisa F. Lipps and title of the officer) ersonally appeared Anthony B. F. Lipps Elisa F. F. Lipps the proved to me on the basis of satisfactory evidence to be the person(s) whose the ame(s) is/are subscribed to the within instrument and acknowledged to me that elshe/they executed the same in his/her/their authorized capacity(ies), and that by sher/their signature(s) on the instrument the person(s), or the entity upon behalf of the person(s) acted, executed the instrument.				
	I certify under PENALTY OF PERJUR the foregoing paragraph is true and complete the foregoing paragraph is true	L. TSCHIDA Z			
	Notary Public Signature	(Notary Public Seal)			
	ADDITIONAL OPTIONAL INFORMA DESCRIPTION OF THE ATTACHED DOCUMENT Statutory Wawardy Description of attached document) (Title or description of attached document continued) Number of Pages 2 Document Date	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. 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. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.			
人	CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	 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. 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. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). 			

2015 Version www.NotaryClasses.com 800-873-9865

• Securely attach this document to the signed document with a staple.