

2016-000432

Klamath County, Oregon 01/15/2016 01:31:37 PM

Fee: \$57.00

THIS SPACE RESERVED FOR RECORDERS USE

After recordi	ng return to:		
Mang Xion	g		
916 E Hard	ing Ave		
Crescent Ci	ty, CA 95531		
shall be sent Mang Xion	to the following	all tax statements g address:	
916 E Hard		•	
Crescent Ci	ty, CA 95531		
File No.	81739A	M	

## STATUTORY WARRANTY DEED

James C. Marsden and Winifred L. Marsden, not as tenants in common, by with rights of survivorship,

Grantor(s), hereby convey and warrant to

## Mang Xiong,

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 7 and 8, Block 110, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 4, 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 \$12,500.00.

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.

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Dated th	is 6th	day of Jane	nat y		2016								
	) (	day of January											
James <sub>l</sub> M	arsden		***************************************										
_C.													
Winifred	L. Marsden												
State of		} ss											
County c	of	}											
On	this		day	of	***************************************	a	_, Notary	Public ir	and for	_	efore	m personall	,
Instrume IN WITN	nt and acknow	Marsden, known wledged to me that EOF, I have hereu	t he/she/t	they exect	ited same.	•	• •						
written.													
				<del></del>									
		State of Oregon Falls, Oregon											
	sion Expires:			,									
State of	Oregon } ss												
County o	of Klamath}												
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appeared	James C. M	larsden , known	or identi	fied to m	e to be th	ne person	(s) whos	e name(s	is/are s	ubscrib	ed to the	he withi	in
Instrume	nt and acknov	vledged to me that	t'he/s <del>he/</del> t	<del>he</del> y execu	ited same.								
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	Havila	Pelles	· m 3					FFICIAL	STAMP				

Notary Public for the State of Oregon

Residing at: Klamath Falls, Oregon

Commission Expires: 12-3 2018



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.

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Dated th	is	_day of	Januar-	<u>/</u>	<u>ما 1 ه</u>				
James M Winifred	farsden July Janesden	R	War	- Min					
State of County	of		} ss						
On	this		day	of	**************************************			, before d for said state,	
Instrume	ent and ackno	owledged	to me that he/sh	ne/they execut	ed same.			are subscribed to	
						See att	ached nota	rial certificate	
Residing	Public for the gat: Klamath sion Expires	Falls, Or							
	Oregon } ss of Klamath}								
On	this		day	of		, a Notary	Public in an	, before d for said state,	
Instrume IN WITT written.	ent and acknown of the second	owledged REOF, I h	to me that he/sh ave hereunto se	ne/they execute	ed same.	erson(s) who	se name(s) is/	r in this certificate	the within
	ublic for the at: Klamath								
	sion 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.

County of San Diego	}
On Jon the before me,	Dawn Larson- notary, (Here insert name and title of the officer)
name(s) is/are subscribed to the within he/she/they executed the same in his/he	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal.	DAWN LARSON Commission No. 2107121 NOTARY PUBLIC - CALIFORNIA SAN DIEGO COUNTY Commission Expires April 16, 2019
Notary Public Signature (No.	otary Public Seal)
•	D TOWN TOWN TO BOD ON MY PROPERTY WHITE
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS  This form complies with current California statutes regarding note if needed, should be completed and attached to the document. Ackn from other states may be completed for documents being sent to the as the wording does not require the California notary to violate Ca law.
(Title or description of attached document)	<ul> <li>State and County information must be the State and County whe signer(s) personally appeared before the notary public for acknow</li> </ul>
(Title or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed.</li> </ul>
Number of Pages Document Date	<ul> <li>The notary public must print his or her name as it appears v commission followed by a comma and then your title (notary public Print the name(s) of document signer(s) who personally appear notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer (Title)	Indicate the correct singular or plural forms by crossing off inc he/she/they, is /are ) or circling the correct forms. Failure to correct information may lead to rejection of document recording.  The notary seal impression must be clear and photographica Impression must not cover text or lines. If seal impression smu sufficient area permits, otherwise complete a different acknowled.
☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	<ul> <li>Signature of the notary public must match the signature on file to the county clerk.</li> <li>Additional information is not required but could hele acknowledgment is not misused or attached to a different Indicate title or type of attached document, number of particular to Indicate the capacity claimed by the signer. If the claim corporate officer, indicate the title (i.e. CEO, CFO, Secret</li> </ul>

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

State of California

	DAWN LARSON
- Arch	Commission No. 2107121
SHOW SHOW	NOTARY PUBLIC - CALIFORNIA
3	SAN DIEGO COUNTY
}	Commission Expires April 16, 2019

## 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

- 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
- 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).
- · Securely attach this document to the signed document with a staple.