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Klamath County, Oregon



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After recording, return to :
Brandsness, Brandsness & Rudd, P.C.
Attorneys at Law
411 Pine Street
Klamath Falls, OR 97601

Send tax statements to:
Ernie Halaxa and Dirinda Halaxa,
Trustees of the Halaxa Family Trust
6853 Hyde Court
Dublin, CA 94568

Grantor:

Myron D. Schroer, Successor Trustee
of the Schroer Family Revocable Trust
1637 Cipriani Place
Brentwood, CA 94513

Grantee:

Ernie Halaxa and Dirinda Halaxa,
Trustees of the Halaxa Family Trust
6853 Hyde Court
Dublin, CA 94568

BARGAIN AND SALE DEED

Myron D. Schroer, Successor Trustee of the Schroer Family Revocable Trust, as Grantor, whose address is 1637 Cipriani Place, Brentwood, CA 94513, conveys to Ernie Halaxa and Dirinda Halaxa, Trustees of the Halaxa Family Trust, as Grantee, whose address is 6853 Hyde Court, Dublin, CA 94568, its interest in the following described real property situated in the County of Klamath, State of Oregon, to-wit:

Block 49, Lots 43 and 44, of the 4th Addition to Nimrod River Park. 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 transfer is trust distribution.

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

DATED this 22 day of November, 2016.

Myron D. Schroer - Successor Trustee
Myron D. Schroer, Successor Trustee of the
Schroer Family Revocable Trust, Grantor

STATE OF CALIFORNIA)
) ss.
County of _____)

On November ___, 2016, before me, _____, personally appeared Myron D. Schroer, Successor Trustee of Schroer Family Revocable Trust, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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.

See Attn A Ack form

Notary Public for California
My Commission expires: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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

County of Contra CostaOn Nov 22nd 2016 before me, Dana Orlando Notary Public,
Date Here Insert Name and Title of the Officerpersonally appeared Myron D. Schroer
Name(s) of Signer(s)

who 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 he/she/they 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.

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.

Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____