

## THIS SPACE RESERVED FOR R

2017-009165

Klamath County, Oregon 08/15/2017 09:08:00 AM

Fee: \$52.00

After recording return to: David Robert Thompson and Elizabeth Jane Thompson and Keith Michael Thompson and Kenneth David Thompson
P. O. Box 662002
Arcadia, CA 91066
Until a change is requested all tax statements shall be sent to the following address:  David Robert Thompson and Elizabeth Jane Thompson and Keith Michael Thompson and Kenneth David Thompson
P. O. Box 662002
Arcadia, CA 91066

## STATUTORY WARRANTY DEED

## Audrey K. Todd,

File No.

Grantor(s), hereby convey and warrant to

185562AM

David Robert Thompson and Elizabeth Jane Thompson and Keith Michael Thompson and Kenneth David Thompson, not as Tenants in Common but with Rights 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:

The East 1/2 of the West 1/2 of Lot 1, Block 13, as shown on the map entitled "Klamath Falls Forest Estates Sycan Unit" filed in the office of the County Recorder, Klamath County, Oregon.

The true and actual consideration for this conveyance is \$6,200.00.

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:

2017-2018 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
Audrey K. Todd
Audrey K. Todd  State of ss County of ss Notary Public in and for
State of ss ()
County of
On this day of a Notary Public in and for
said state, personally appeared Audrey K. Todd, known or identified to me to be the person(s) whose name(s) is/are subscribed
to the within Instrument and acknowledged to me that he/she/they executed same.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first
above written.
Notary Public for the State of
Residing at:
Commission Expires:

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 Here Insert Name and Title of the Officer personally appeared 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 be/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 Rose T. Covarrubias is true and correct. WITNESS my hand and official seal. TARY PUBLIC - CALIFORNIA SAN BERNARDINO COUNTY My Comm. Expires Nov 22, 2017 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: Signer(s) Other Than Named Above: Capacity(ies) Claimed, by Signer(s), Signer's Name: Quarey Signer's Name: ☐ Corporate Officer — Title(s): □ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator □ Trustee ☐ Guardian or Conservator Other: □ Other: Signer Is Representing: Signer Is Representing: