

THIS SPACE RESERVED FOR R

2017-010711

Klamath County, Oregon

09/21/2017 09:39:00 AM

Fee: \$52.00

After recording return to:
Carey Forest Galvez
222 Leland Rd
Wolf Creek, OR 97497
XX.01
Until a change is requested all tax statements shall be
sent to the following address:
Carey Forest Galvez
222 Leland Rd
Wolf Creek, OR 97497
Eile No. 100950 AM

STATUTORY WARRANTY DEED

Jose O. Gomez and Lilian Gomez, as Tenants by the Entirety,

Grantor(s), hereby convey and warrant to

Carey Forest Galvez,

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 17, Block 6, Tract No. 1027, Mt. Scott Meadow, 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 \$6,750.00.

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 19 day of SEPTEMBER	, <i>2017</i> .
Jose O. Gallez Lilian Gomez Action Lilian Gomez	GEE ATTACHED ACKNOWLEDGMENT -
	THE MINISTER EMOCESTS
State of } ss County of }	
subscribed to the within Instrument and acknowledged	a Notary Public in and for said Gomez, known or identified to me to be the person(s) whose name(s) is/are it to me that he/she/they executed same. Thank and affixed my official seal the day and year in this certificate first
Notary Public for the State of Residing at:	
Commission Expires:	-

A notary public or other officer completing this certificate is attached and and	fficate verifies only the identity of the individual who signed the
document to which this certificate is attached, and no	ot the truthfulness, accuracy, or validity of that document.
State of California	
County of RICERSIDE)
•	MARILYN 5 BIRD NOTARY PUBLIC. Here Insert Name and Title of the Officer # LILLIAN COMEZ
Date	Here Insert Name and Title of the Officer
personally appeared 2048 0 Coomez	
	Name(s) of Signer(s)
subscribed to the within instrument and acknowledge	ory evidence to be the person(s) whose name(s) are by executed the same in whis/her/their signature(s) on the instrument the person(s), acted, executed the instrument.
MARILYN S. BIRD Notary Public - Celifornia Riverside County Commission # 2157670	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.
My Comm. Expires Jul 18, 2020	Signature Marily & Bird Signature of Notary Public
	Signature of Notary Public
St	
Place Notary Seal Above	OPTIONAL
Though this section is optional, completing the	his information can deter alteration of the document or his form to an unintended document.
Description of Attached Document Title or Type of Document: Number of Pages: Signer(s) Other T	APPANTY DED Than Named Above: N/A
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:

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