### ADDRESS FOR RETURN AFTER RECORDING & TAX STATEMENTS to:

Zaino Investments, LLC 12 Whitcomb Street Haverhill, MA 01832

APN: R-3510-014C0-01000-000

### 2017-013157

Klamath County, Oregon

11/14/2017 09:52:25 AM

Fee: \$57.00

#### WARRANTY DEED

THE GRANTOR, Davie G. Truong and Maggie C. Ngo, Co-Trustees of the The Truong-Ngo Family Living Trust, dated September 9, 1999, for and in consideration of Ten Dollars (\$10.00) grants, bargains, sells, conveys and warrants to the GRANTEE, Zaino Investments, LLC, an Ohio limited liability company, with a tax mailing address of 12 Whitcomb Street, Haverhill, MA 01832, the following described real estate situated in the County of Klamath, State of Oregon:

Lot 51, Block 16, Klamath Forest Estates, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

SUBJECT TO: Current taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

EXECUTED this 5 day of November, 2017.

Davie G. Truong, Co-Trustee of the The Truong-Ngo Family Living Trust, dated September 9, 1999

Maggie C. Ngo, Co-Trustee of the The Truong-Ngo Family Living Trust, dated September 9, 1999

STATE OF	30000000000 <del>00000000000000000000000000</del>	
COUNTY OF	, ss:	
personally came Davie G	Truong, as Co-Trustee the Grantor in the foregoing	Notary Public in and for said County and State, of the The Truong-Ngo Family Living Trust, ng Deed, and acknowledged the signing thereof rposes therein mentioned.
IN TESTIMONY the date written above, this		nto subscribed my name and affixed my seal or 017.
		Notary Public
STATE OF		
COUNTY OF	, ss:	
personally came Maggie C September 9, 1999, the Gr	C. Ngo, as Co-Trustee of the cantor in the foregoing De	Notary Public in and for said County and State he The Truong-Ngo Family Living Trust, dated ed, and acknowledged the signing thereof to be
her voluntary act and deed	i, for the ases and purpose	s therein mentioned.
IN TESTIMONY	THEREOF, I have hereur	nto subscribed my name and affixed my seal on
IN TESTIMONY the date written above, this	THEREOF, I have hereur	nto subscribed my name and affixed my seal or

## **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

2015 Version www.NotaryClassos.com 800-873-9866

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County of Samla Clana.	
On November 5, 2017 before me,	Ocanh T Nowyen, Notony Pu, oslic
who proved to me on the basis of satisf name(s)(s)are subscribed to the within he/she/they executed the same in his/he/her/their signature(s) on the instrum which the person(s) acted, executed the	factory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(les), and that by ent the person(s), or the entity upon behalf of a instrument.
	under the laws of the State of California that
the foregoing paragraph is true and cor	
WITNESS my hand and official seal.	OANH T. NGUYEN Comm. No. 2106509 NOTARY PUBLIC - CALIFORNIA SANTA CLARA COUNTY My Comm. Expires April 11, 2019
Notary Public Signature (No.	otary Public Seal)
Matery Eripito Signature (Ma	Mary Fubile Geally
ADDITIONAL OPTIONAL INFORMATIONS OF THE ATTACHED DOCUMENT    Mark of the ATTACHED DOCUMENT     (Title or description of attached document continued)   (Title or description of attached document continued)   Number of Pages   Document Date	If needed, should be completed and attached to the document, Acknotwedgens from other states may be completed for documents being sent to that state so long as the prording 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 whice 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 he 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 potential properties.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-In-Fact Trustee(s) Other	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/hey, is fare) or ciroling the correct forms. Failure to correctly indicate thi information may lead to rejection of document recording.</li> <li>The notary scal impression must be clear and photographically reproducible impression must not cover text or lines. If scal impression smudges, re-scal if sufficient area permits, otherwise complete a different acknowledgment form.</li> <li>Signature of the notary public must match the signature on file with the office of the county clock.</li> <li>Additional information is not required but could help to ensure the acknowledgment is not misused or altached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is composite officer, indicate the title (i.e. CFO, Secretary).</li> </ul>
045 Varsion vava Notory Classins ram 800-873-9865	<ul> <li>Scourely attach this document to the signed document with a staple.</li> </ul>

# 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

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County of Santa clana.	}
	Ornh T Nougen, Notary Public
name(s)(is/are subscribed to the within	actory evidence to be the person(s) whose instrument and acknowledged to me that evitheir authorized capacity(les), and that by ent the person(s), or the entity upon behalf of a 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.	OANH T. NGUYEN Comm. No. 2106509 NOTARY PUBLIC - CALIFORNIA SANTA CLARA COUNTY My Comm. Expires April 11, 2019
Notary Public Signature (No.	otary Public Seal)
Notary Publiq-Signature (No	yary Public Scaly
ADDITIONAL OPTIONAL INFORMATI	ON INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	If needed, should be completed and attached to the document, Acknowledgen's from
	other states may be completed for documents being sent to that state so long as the wording does not regulre the California notary to violate California notary law.
(Tillo or description of attached document)	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> </ul>
(Title or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>
T	The notory mubile must print his or her name as it appears within his or her
Number of Pages   Document Date	commission followed by a comma and then your title (noting public).  Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER  Individual (s)  Corporate Officer	notarization.  Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. hashirthey; is tare) or ciroling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
(Title) □ Partner(s)	Signature of the notary public must match the signature on file with the office of the county clork.
☐ Attorney-In-Fact	Additional information is not required but could help to chistre this
☐ Trustee(s) ☐ Other	noknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.
Other	indicate the capacity distinct by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
2045 Version www.Nelen/Classes.com 800-873-9866	<ul> <li>Securely attach this document to the signed document with a staple.</li> </ul>