



MTG 126446 AM

After recording return to and send all tax statements to the following address:  
Mindy Surber  
3831 Scotts Valley Dr  
Klamath Falls, OR 97601

2017-014054  
Klamath County, Oregon  
12/11/2017 02:06:01 PM  
Fee: \$47.00

STATUTORY  
BARGAIN AND SALE DEED

Fannie Mae AKA Federal National Mortgage Association, Grantor, as to a fee simple interest, conveys to Mindy Surber, Grantee(s), the following described real property:

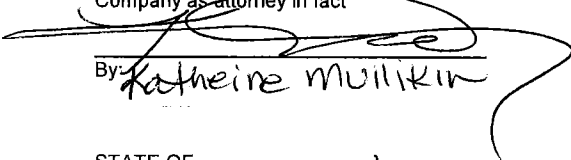
Lot 3 TRACT 1295 FIRST ADDITION TO NORTH RIDGE ESTATES, according to the official plat thereof on file in the office of the County of Clerk, Klamath County Oregon.

3809E15D02700

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSONS 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

The true and actual consideration for this conveyance is \$268,900.00 (See ORS 93.030).

DATED:  
Fannie Mae A/K/A Federal National Mortgage Association, organized and existing under the laws of the United States of America who acquired title as Federal National Mortgage Association by Lawyers Title Company as attorney in fact

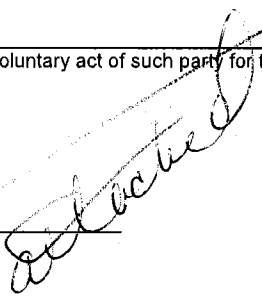
By:   
Katherine Mullikin

STATE OF \_\_\_\_\_ )  
COUNTY OF: \_\_\_\_\_ ) SS:

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who signed this instrument, on oath stated that she is authorized to execute the instrument and acknowledged it on behalf

\_\_\_\_\_ to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

Notary Public in and for the state of: 

Residing at: \_\_\_\_\_  
My Appointment Expires: \_\_\_\_\_

# CALIFORNIA ALL PURPOSE 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 }

COUNTY OF San Bernardino }

On December 8, 2017 before me, Robert Garcia Notary  
*Date Insert Name and Title of the officer*

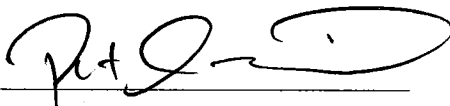
Public, personally appeared Katherine Mullikin, authorized signer

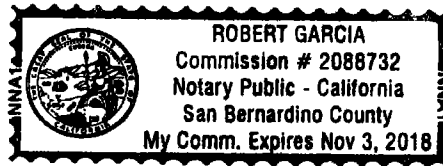
*Name(s) of Signer(s)*

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: 



## OPTIONAL

*Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment 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)

Signers Name: \_\_\_\_\_

Corporate Officer – Title(s) \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signers Name: \_\_\_\_\_

Corporate Officer – Title(s) \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_