

After Recording Return To
First American Title
2892 Crescent Ave.
Eugene, Oregon 97408

Brad S. Haproff

**AFTER RECORDING RETURN TO
AND SEND TAX STATEMENTS TO:**

1342 High St. Eugene, OR 97401

2018-006391

05/24/2018 03:20:00 PM

Fee: \$47.00

Lot 126 of TRACT 1277, being a re-plat of Lots 35 through 42 of Block 1 of "HARBOR ISLES - TRACT 1209"; Lots 43 and 44, 48 through 58, and 64 through 71 of Block 1 of the "FIRST ADDITION TO HARBOR ISLES - TRACTS 1252"; Lots 1 through 6 and 9 through 23 of Block 2 of the "SECOND ADDITION TO HARBOR ISLES - TRACT 1259"; and a portion of Blocks A, B, and 4 of the "SHIPPINGTON ADDITION TO KLAMATH FALLS, OREGON", all situated in the SW1/4 of Section 19, Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon."

[Signature]

STATE OF CALIFORNIA
COUNTY OF /

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.

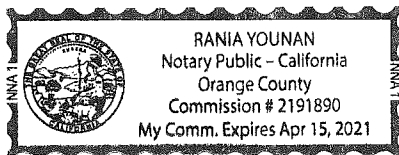
State of California

County of Orange

On 05/15/2018 before me, Rania Younan
Date Here Insert Name and Title of the Officer

personally appeared Brad Shannon Haprott
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

Rania Younan

Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: 1

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 of Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: _____

Signer is Representing: _____