2018-013195

Klamath County, Oregon

10/30/2018 09:12:01 AM

Fee: \$97.00

Recording Requested By: Brad Barnes

When Recorded mail to: Harris Land and Timber Company LLC 154 Rainbow Drive #5462 Livingston, Texas 77399

Mail Tax Statements To: Harris Land and Timber Company LLC 154 Rainbow Drive #5462 Livingston, Texas 77399

APN: R292203

Prior Instrument Number:

## **Warranty Deed**

For good and valuable consideration of \$1,400.00, the receipt and sufficiency of which is hereby acknowledged, I or we, Bradford Barnes and Devin James Serpa, an, (GRANTORS), does hereby convey to Harris Land and Timber Company LLC (GRANTEE), Sole Ownership, the following described real property situated in Klamath (COUNTY), Oregon (STATE):

The N1/2 of the SW1/4 of the SW1/4 of the SW1/4 of Section 17, Township 35 South, Range 12 East of the Willamette Meridian Situated in the County of Klamath in the state of Oregon

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, rights of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above set forth.

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.

Signature Page to Follow

APN:R292203

Dated this 20 day of OCT 20/8	Signed and Sealed: Bradford Danus Bradford Barnes
COUNTY OF A Notary Public of the County and State first above written do hereby certify that Adna Bend personally appeared before me this day and acknowledged the due execution of the foregoing instrument.  WITNESS my hand and official scal. this 20 day of OCDOC. 2018.	
OFFICIAL STAMP ASHLEE ROSE O'SHEA NOTARY PUBLIC-OREGON COMMISSION NO. 975227 MY COMMISSION EXPRES JUNE 03, 2022	Notary Public DK County, Klameth My commission expire: Del 13, 2003 Acting in DK County, Klameth

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

	ADTOCACIONATION (CONTROL OF CONTROL OF CONTR	
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 Ontha Osta  On Cotober 5, 2018 before me. C.  Date  Device Serpo	Robles, notary public.  Here insert Name and Title of the Officer	
personally appeared	Name(s) of Signer(s)	
a basebad to the within instrument and acknowle	evidence to be the person(s) whose name(s) is/are- edged to me that he/she/they executed the same in is/her/their signature(s) on the instrument the person(s), eted, 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.	
C. ROBLES COMM # 2205302 (f)	Signature Signature of Notary Public	
Place Notary Seal Above		
Though this postion is entired, completing this	information can deter alteration of the document or	
fraudulent reattachment of this	s form to an unintended document.	
Description of Attached Document	Document Date:	
Title or Type of Document:		
Number of Pages: Signer(s) Other Tha	an Named Above:	
Capacity(ies) Claimed by Signer(s)	Cinnada Nama:	
Signer's Name:	Signer's Name: Title(s):	
☐ Corporate Officer — Title(s):	Partner — Limited General	
☐ Partner — ☐ Limited ☐ General	☐ Individual ☐ Attorney in Fact	
☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator	
2	Other:	
□ Other:     Signer Is Representing:	Signer Is Representing:	
Signer is representing.		

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Dated this S way of October 2016

By: An M

Acting in \_\_\_\_\_\_,County.\_\_\_\_

APN: R292203