

THIS SPACE RESERVED FOR I

2019-004904

Klamath County, Oregon

05/06/2019 02:23:02 PM

Fee: \$92.00

After recording return to:
Denise D. Fisher
10229 Wright Avenue
Klamath Falls, OR 97603
Until a change is requested all tax statements shall be sent to the following address: Denise D. Fisher
10229 Wright Avenue
Klamath Falls, OR 97603
File No. 288407AM

STATUTORY WARRANTY DEED

Joann M. Crews and Leah M. Castle, not as tenants in common but with rights of survivorship,

Grantor(s), hereby convey and warrant to

Denise D. Fisher,

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:

Unit 10229 (Wright Avenue), Tract 1336 - FALCON HEIGHTS CONDOMINIUMS STAGE 1, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true and actual consideration for this conveyance is \$120,000.00.

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:

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 30th day of April, 2019.
Joann Crews
Rook M. Costle
State of Texas ss County of Harris
On this 30th day of April, 2019, before me, Martha Patricia Valencia a Notary Public in and for said state, personally appeared Joann M. Crews and Leah M. Castle, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.
Notary Public for the State of Texas Residing at: P. O. Box 751993, Houston, Texas 77275-1993 Commission Expires: 7/20/2019 See attack
/ Special

ALL-PURPOSE ACKNOWLEDGMENT	
State of ^{Texas}	*
County of Harris	
On 4/30/2019 befo	ore me, Martha Patricia Valencia
personally appeared Joann M. Cre	ws, Leah M. Castle
	NAME(S) OF SIGNER(S)
personally known to me OR MARTHA PATRICIA VALENCIA Notary Public, State of Texas	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), an 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.
Comm. Expires 07-20-2019 Notary ID 686707-5	WITNESS my hand and official seal.
Place Notary Seal or Stamp Here	Martha Patricia Valencia SIGNATURE OF NOTARY
ATTENTION NOTARY: Although the information requested below is OPTIONAL, it may prove valuable to persons relying on this Acknowledgment and could prevent fraudulent reattachment of this certificate to another document.	
DESCRIPTION OF ATTACHED DOCUMENT	
	Statutory Warranty Deed
THIS CERTIFICATE MUST BE ATTACHED	TITLE OR TYPE OF DOCUMENT
TO THE DOCUMENT	
DESCRIBED AT RIGHT	NUMBER OF PAGES
	4/30/2019 DATE OF DOCUMENT
	DATE OF BOODWIEWI
	SIGNER(S) OTHER THAN NAMED ABOVE