**2019-005878**Klamath County, Oregon



05/28/2019 08:57:41 AM

Fee: \$92.00

RECORDING REQUESTED BY				
AND WHEN RECORDED MAIL TO: AND	SE ND	TAX	STATE MENTS	70.
Matthew Swenson				
2640 E. Barnett Rd. #E	412			
Medford, OR, 97504				

## **Warranty Deed**

This Deed is made by Shirley J. (coley Swenson, "Grantor(s)", to Matthew Swenson, "Grantee(s)", whose post office address
is 2640 E. Barnett Rd. # E412, Medford, OR. 97504,
as (select one):
🗵 An Unmarried Sole Owner 💮 A Married Sole Owner 🗀 A Single Sole Owner
☐ Joint Tenants ☐ Tenants in Common
Community Property (only in AZ, ID, LA, NM, NV, TX, WA, and WI)
Community Property with Right of Survivorship (only in AZ, ID, NV, and WI)
For valuable consideration in the sum of \$, the receipt of which is hereby acknowledged, Grantor(s) grant and convey and warrant to Grantee(s) the following real
property (the premises) located in <u>Klamath</u> County/Parish,
<u>Oregon</u> :
to Nimred river park as shown on map in official records of said county.
to Nimred river park as shown on map
in official records of said county.
PARCEL NUMBER:
P. C. modification

TITLE SOURCE: BOOK M77 O	n page 11660
she/they have the right to sell and convey, and of record. Further, Grantor(s) covenant that he	ally seized in fee simple of the premises, which he/ d which are free from encumbrances except those e/she/they will execute or procure any necessary and that he/she/they will warrant and defend the on of the Grantee(s).
☐ This transfer is tax exempt because	·
Taxes for the year shall be prora ning on the date of recording Lasley of Shully J. Swenson Date:	ng Address
Date: _	
, Seco	nd Grantor (if Applicable)
, Mailir	ng Address
, City,	State, Zip
First Witness: Signature	Printed Name Date
Second Witness: KWN 5N9 Signature	Printed Name Date

STATE OF ANIZONA	) S. y. S.
COUNTY/PARISH OF MONUVE On ADVIL 17 . 2019 . before	me, Shirky Cooley Swinson  me, Shirky Cooley Swinson  Collay Swinson, Nicole Burnett Sw. J., &,  as Witness, and Katny Strancy  atisfactory evidence to be the person(s) whose  ent and acknowledged to me that he/she/they  pacity(ies), and that by his/her/their signature(s)
I certify under PENALTY OF PERJURY under the that the foregoing paragraph is true and correct.	laws of the State of AVIONU
WITNESS my hand and official seal.	,
Signature of Notary	Affiant Known Produced ID  Type of ID N D  Commission expires: 8 2019  I certify that the full consideration paid for
STEPHANIE MARIE WILSON NOTARY PUBLIC - ARIZONA Mohave County Commission # 552943 My Commission Expires October 5, 2022	the described property is:  \$  Signed:
	(Grantee)  Dated:
	Signed:
	(Second Grantee, if applicable)  Dated:
Preparer:	