

2019-006335

Klamath County, Oregon



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06/06/2019 10:40:35 AM

Fee: \$92.00

Returned at Counter

Recording requested by: TIM McDERMOTT Space above reserved for use by Recorder's OfficeWhen recorded, mail to: AND TAX STATEMENTS Document prepared by:Name: Mr Tim McDermott

Name \_\_\_\_\_

Address: PO Box 151

Address \_\_\_\_\_

City/State/Zip: Chiloquin, OR 97624

City/State/Zip \_\_\_\_\_


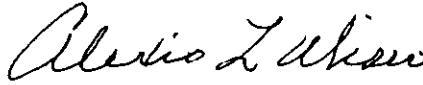
Property Tax Parcel/Account Number: TRACT 1053, Block 5 - Lot 17PROP I. D. 227935 OREGON SHORES #1 SUBDIVISION

## Warranty Deed

This Warranty Deed is made on MAY 27, 2019, between RAY + ALEXIS WISER,  
Grantor, of 20 ROLLINGWOOD DR #54, City ofJACKSON, State of CALIFORNIA, andTIM McDERMOTT, Grantee, of P.O. BOX 151,  
City of CHILOQUIN, State of OREGON.For \$1500.00 B5-L17For valuable consideration, the Grantor hereby sells, grants, and conveys the following described real estate, in fee simple, to the Grantee to have and hold forever, along with all easements, rights, and buildings belonging to the described property, located at PARK VIEW DRIVE,  
City of CHILOQUIN, State of OREGON:The Grantor warrants that it is lawful owner and has full right to convey the property, and that the property is free from all claims, liabilities, or indebtedness, and that the Grantor and its successors will warrant and defend title to the Grantee against the lawful claims of all persons. Taxes for the tax year of N/A shall be prorated between the Grantor and Grantee as of the date of recording of this deed.2018 TAX DUE \$75.43 TO BE PAID by TIM McDERMOTT

LF002 Warranty Deed Pg.1 (12-12)

Dated: 6/03/2019

   
Signature of Grantor

Ray A WISER Alexis L. Wiser  
Name of Grantor

 Christina Perry  
Signature of Witness #1 Printed Name of Witness #1

 Makayla Hoyopatubbi  
Signature of Witness #2 Printed Name of Witness #2

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, the Grantor, \_\_\_\_\_,

personally came before me and, being duly sworn, did state, acknowledge and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Notary Signature

*SEE ATTACHED  
NOTARY*

Notary Public,

In and for the County of \_\_\_\_\_ State of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Seal

Send all tax statements to Grantee.

■ ■ \* ■ ■ ■ \* ■ ■ ■ \* ■ ■ ■  
Mr Tim McDermott  
PO Box 151  
Chiloquin, OR 97624  
■ ■ \* ■ ■ ■ \* ■ ■ ■ \* ■ ■ ■

**CALIFORNIA 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.

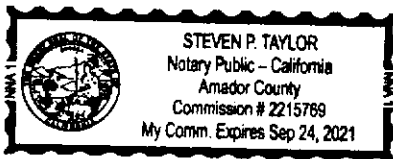
State of California

County of Amador

On June 3<sup>rd</sup> 2019 before me, Steven P. Taylor, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Alexis Lee Wiser and Ray Alden Wiser  
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 Steven P. Taylor  
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: Warranty Deed

Document Date: 5-27-19 Number of Pages: 2

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 or Conservator

☐ Other: \_\_\_\_\_

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

Signer's Name: \_\_\_\_\_

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

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

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