

## THIS SPACE RESERVED FOR

2019-007163

Klamath County, Oregon 06/25/2019 01:06:01 PM

Fee: \$92.00

After recording return to:
Phillip B. Doddridge
1143 Pine St.
Klamath Falls, OR 97601
Until a change is requested all tax statements shall be
sent to the following address:
Phillip B. Doddridge
1143 Pine St.
Klamath Falls, OR 97601
File No 303529AM

## STATUTORY WARRANTY DEED

## James L. Day,

Grantor(s), hereby convey and warrant to

## Phillip B. Doddridge,

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:

Lot 2 in Block 1 of Casa Manana, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

The true and actual consideration for this conveyance is \$110,000.00.

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:

Page 2 Statutory Warranty Deed Escrow No. 303529AM

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.

\_\_\_ day of June, 2019.

State of California } ss County of SM DIEGO

On this 24 day of June, 2019, before me, 3 herry Hong to be the person(s) whose name(s) is/are subscribed to the a Notary Public in and for said 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.

California

Residing at:

Commission Expires:

SHERRY HAYWARD COMM. # 2128007 SAN DIEGO COUNTY MY COMM. EXP. OCT. 23, 2019

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.

A notary public or other officer completing this certificate to which this certificate is attached, and not the truthful	te verifies only the identity of ulness, accuracy, or validity o	the individual who signed the document f that document.	
State of California			
County of San Dilego	_}		
On June 24, 2019 before me,  Date  personally appeared James	Shehny Hay Here Insert No	ime and Title of the Officer	
personally appeared <u>James</u>	C. Day		
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.			
SHERRY HAYWARD COMM. # 2128007 NOTARY PUBLIC -CALIFORNIA UN SAN DIEGO COUNTY MY COMM. EXP. OCT. 23, 2019		· .	
Place Notary Seal and/or Stamp Above	Signature	Signature of Notan Public	
OPTIONAL -			
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.			
	uns form to un uniment	ied document.	
Description of Attached Document Title or Type of Document:		3 7	
Document Date:		Number of Pages:	
Signer(s) Other Than Named Above:			
Capacity(ies) Claimed by Signer(s)	<b>\</b>		
Signer's Name:			
☐ Corporate Officer — Title(s):	•	□ Corporate Officer – Title(s):	
☐ Partner — ☐ Limited ☐ General		☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact	□ Individual	□ Attorney in Fact	
☐ Trustee ☐ Guardian of Conserve	ator □ Trustee	☐ Guardian of Conservator	
Other:			
Signer is Representing:	Signer is Represe	Signer is Representing:	