

2019-011326

Klamath County, Oregon

09/30/2019 08:40:01 AM

Fee: \$87.00

WHEN RECORDED/SEND TAX STATEMENTS
MAIL TO:

APXN PROPERTY LLC
2831 ST ROSE PKWY SUITE 359
HENDERSON NV 89052

WARRANTY DEED

THE GRANTOR, ARNEL J. TORRES, for and in consideration of Ten Dollars (\$10.00) grants, bargains, sells, conveys and warrants to the APXN PROPERTY LLC, [GRANTEE], with a tax mailing address of 2831 ST ROSE PKWY, SUITE 359, HENDERSON, NV, 89052 the following described real estate situated in the County of KLAMATH, State of OREGON:

THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF THE
NORTHWEST QUARTER OF SECTION 9, TOWNSHIP 41 SOUTH,
RANGE 7 EAST, WILLAMETTE RANGE AND MERIDIAN, IN THE
COUNTY OF KLAMATH, STATE OF OREGON, as shown on the map
thereof as recorded in the Official Records, Klamath, Oregon.
APN: R-4107-00900-00300-000

SUBJECT TO: Current taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

EXECUTED this 9th day of SEPTEMBER 2019

ARNEL J. TORRES

By: [Signature]
ARNEL J. TORRES

STATE OF _____

COUNTY OF _____, ss:

BE IT REMEMBERED, that before me, a Notary Public in and for said County and State, personally came ARNEL J. TORRES, the Grantor in the foregoing Deed, and acknowledged the signing thereof to be a voluntary act and deed, for the uses and purposes therein mentioned.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my seal on the date written above, this ____ day of _____ 20____.

see attached

Notary Public

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Siskiyou

On Sept. 9, 2019, before me, Terri Mazingo, Notary Public,
(Here insert name and title of the officer)

personally appeared Arnel J. Torres

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.

Terri Mazingo
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Warranty Deed

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 8-21-19

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual(s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ - is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ✦ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ✦ Indicate title or type of attached document, number of pages and date.
 - ✦ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document