

THIS SPACE RESERVED FOR I

2019-011748

Klamath County, Oregon 10/08/2019 01:45:01 PM

Fee: \$92.00

After recording return to:
Robert M. Barnum
2623 California Ave
Klamath Falls, OR 97601
Until a change is requested all tax statements shall be
sent to the following address:
Robert M. Barnum
2623 California Ave
Klamath Falls, OR 97601
File No. 319430AM

STATUTORY WARRANTY DEED

Ryan C. Brown and Katy C. Brown, as Tenants by the Entirety,

Grantor(s), hereby convey and warrant to

Robert M. Barnum,

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 3 in Block 17, TRACT NO. 1176, being a RESUBDIVISION OF BLOCK 17 BUENA VISTA ADDITION to the City of Klamath Falls, Oregon 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 \$177,000.00.

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:

2019-2020 Real Property Taxes, a lien not yet due and payable



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 195.301, 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 5 day of October, 7019.	
Ryan C Brown	
Katy C. Brown	
State of California } ss County of}	
On thisday of October, 2019, before me said state, personally appeared Ryan C. Brown and Katy C. Brown is/are subscribed to the within Instrument and acknowledged to me IN WITNESS WHEREOF, I have hereunto set my hand and affixe above written.	that he/she/they executed same.
Notary Public for the State of California Residing at: Commission Expires:	Attaly

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 atta					, organica une documente to	
State of California						
County of Santa Clara		-				
On Oct. 5, 2019	before me, _	Adam Atito	ar i la		, Notary	Public
personally appeared Ryan	C. Brown, a		(Here insert name and title	e of the officer)		,
who proved to me on the bathe within instrument and a capacity(ies), and that by his which the person(s) acted, experiences acted.	acknowledge is/her/their si	d to me that highard displaying the	e/she/they execut	ted the same is	n his/her/their auth	orized
I certify under PENALTY (is true and correct.	OF PERJUR	Y under the la	ws of the State of	California tha	at the foregoing par	agraph
WITNESS my hand and off	ficial seal.		- (Notary Seal)		ADAM ATITO Notary Public — California Santa Clara County Commission # 2220270 My Comm. Expires Oct 30, 2021	NNA 1
•	ADDITI	ONAL OPTI	ONAL INFORM	IATION		→
DESCRIPTION OF THE ATT	FACHED DOC	CUMENT	Any acknowledgment co appears above in the no properly completed and	mpleted in Californ tary section or a se attached to that d	PLETING THIS FORM nia must contain verbiage of parate acknowledgment form ocument. The only exception on in such instances, any of	exactly as m must be on is if a
(Title or description of at			verbiage does not requir California (i.e. certifying	e the notary to do so g the authorized cap	d on such a document so lo omething that is illegal for a acity of the signer). Please ig and attach this form if requ	notary in check the
(Title or description of attache	d document continu	ued)			State and County where the	
1		I	→ State and County IIIIO	manon must be the	State and County where the	accument

Number of Pages Document Date (Additional information) CAPACITY CLAIMED BY THE SIGNER ✓ Individual (s) ☐ Corporate Officer (Title) ☐ Partner(s) ☐ Attorney-in-Fact Trustee(s)

☐ Other _

- 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