

THIS SPACE RESERVED FOR

2020-007129

Klamath County, Oregon

06/10/2020 01:43:09 PM Fee: \$92.00

After recording return to:	
Breck M. Childrey	
PO Box 3387	
La Pine, OR 97739	
Until a change is requested all tax statements shall be sent to the following address: Breck M. Childrey	
PO Box 3387	
La Pine, OR 97739	
File No. 370830AM	

STATUTORY WARRANTY DEED

Gina Neyses and Joseph Sullivan, not as tenants in common, but with rights of survivorship, as to Parcel One and

Joseph K. Sullivan and Gina M. Neyses, not as tenants in common, but with rights of survivorship, as to Parcels Two and Three,

Grantor(s), hereby convey and warrant to

Breck M. Childrey,

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:

Parcel 1:

Lot 2, Block 51, FIRST ADDITION TO KLAMATH FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Parcels 2 and 3:

Lots 30 and 31, Block 51, FIRST ADDITION TO KLAMATH FOREST ESTATES, 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 \$169,000.00.

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:

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 9 day of June, 2000.
Joseph K. Sullivan
TAMMY SLADE Notary Public - California Placer County
Gina M. Neyses Commission # 2202628 My Comm. Expires Jul 22, 2021
State of California ss County of Olarw
County of
On this 9 day of June, 2020, before me, 19my Sale , a Notary Public in
and for said state, personally appeared Joseph K. Sullivan and Gina M. Neyses, known or identified to me to be the
and for said state, personally appeared <u>Joseph K. Sullivan and Gina M. Neyses</u> , known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.
and for said state, personally appeared <u>Joseph K. Sullivan and Gina M. Neyses</u> , known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same. IN WITNESS WHEREOF, Have hereunto set my hand and affixed my official seal the day and year in this certificate first
and for said state, personally appeared <u>Joseph K. Sullivan and Gina M. Neyses</u> , known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.
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and for said state, personally appeared <u>Joseph K. Sullivan and Gina M. Neyses</u> , known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same. IN WITNESS WHEREOF, Phave hereunto set my hand and affixed my official seal the day and year in this certificate first above written

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 Placer	. } /
On $4/9/2020$ before me, _	Mmy Sula Day Adde.
name(s) is/are subscribed to the within he/she/they executed the same in his/h	Sulficience to be the person(s) whose instrument and acknowledged to me that per/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and con	Y under the laws of the State of California that rrect.
WITNESS my hand and official seal. Notary Publicationature (N	TAMMY SLADE Notary Public - California Placer County Commission # 2202628 My Comm. Expires Jul 22, 2021 otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	 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
(Title or description of attached document continued)	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
Number of Pages Z Document Date	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
CARACITY OF AIMED BY THE GIOVER	notarization.
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s)	 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
☐ Corporate Officer	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
(Title)	sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of
☐ Partner(s)	the county clerk.
☐ Attorney-in-Fact ☐ Trustee(s)	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
Other	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

Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865