

THIS SPACE RESERVED FOR

2020-011586 Klamath County, Oregon

09/11/2020 12:23:00 PM

Fee: \$92.00

After recording return to:	
Stacy Sargent and Linda Fry	
4235 N Ables Dr.	_
Kingman, AZ 86409	_
Until a change is requested all tax statements shall be	
sent to the following address:	
Stacy Sargent and Linda Fry	
4235 N Ables Dr.	
Kingman, AZ 86409	_
File No. 399212AM	

STATUTORY WARRANTY DEED

Maribel Rivera,

Grantor(s), hereby convey and warrant to

Stacy Sargent and Linda Fry, not as Tenants in Common, but with Rights of Survivorship

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 17, Block 21, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 1, 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 \$40,000.00.

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:

"2020-2021 Real Property Taxes, a lien not yet due and payable"



Residing at: 10911 Nevada Aux

9.18.2022

Commission Expires:

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.

Dated this	day of S	September	2020	- 4	' /}	
Yman.	lel Pivere					
Maribel River			6	(1	-	
State of County of Fo			7/	\sim		
On this 8	day of Sept	, 20 20, before me, D	a ma Nati	رزمجيركم	a Notary Public ir	n and for said state,
Instrument and	d acknowledged to	era, known or identific me that he/she/they e	xecused same.			
IN WITNESS above written.		e hereunto set my han	d and affixed my	official seal the da	y and year in this c	ertificate first
			,	1	7	1
Nistan Bulle	erana cara e C	alterna		_ "	3 4	,

Hurtord, Ca. 93230

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifito which this certificate is attached, and not the truthfulness,	ies only the identity of the individual who signed the document accuracy, or validity of that document.
who proved to me on the basis of satisfactory evidence	Here Insert Name and Title of the Officer Iame(s) of Signer(s) e to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signs upon behalf of which the person(s) acted, executed the	ature(s) on the instrument the person(s), or the entity
DIANNA MARIE CASSIDY Notary Public - California Kings County Commission # 2258508 My Comm. Expires Sep 18, 2022	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.
Completing this information can d	Signature of Notary Public ONAL deter alteration of the document or form to an unintended document.
Description of Attached Document Title or Type of Document: Statutory Document Date: 9.8.2020	
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 of Conservator Other: Signer is Representing:	☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian of Conservator ☐ Other: