2021-000995

Klamath County, Oregon

01/21/2021 01:31:01 PM

Fee: \$102.00

Recording Requested By: Gail Lee and Carol Ann Brown

When Recorded mail to: Harris Land and Timber Company LLC 154 Rainbow Drive #5462 Livingston, Texas 77399

Mail Tax Statements To: Harris Land and Timber Company LLC 154 Rainbow Drive #5462 Livingston, Texas 77399

APN:

R283892

Prior Instrument Number:

## Warranty Deed

For good and valuable consideration of \$3,200,00, the receipt and sufficiency of which is hereby acknowledged, I or we, Gail L. Brown and Carol A. Brown, an . (GRANTORS), does hereby convey to Harris Land and Timber Company LLC (GRANTEE), Sole Ownership, the following described real property situated in Klamath (COUNTY), Oregon (STATE):

Lot 64 Block 5 Unit Oregon Pines, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, rights of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above set forth.

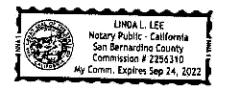
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 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.

Signature Page to Follow

APN: R283892

Dated this 12 day of ANUARY 2021. Signed and Scaled:
Lail & Bross
Gall L. Brown
STATE OF California
COUNTY OF SAN BERNARdino
I, <u>LANDALLEE</u> a Notary Public of the County and State first above written do hereby certify that <u>GAIL LBROW</u> personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal, this 12 day of 1000 day unego 21.



Suda See

Notary Public CA County San Bernardino

My commission expires Sept 242022

Acting in CA County SAN BERNARDINO

Dated this 12 day of January 2021

By: Carol a Drown

Carol A. Brown

STATE OF California

I, Anda LECa Notary Public of the County and State first above written do hereby certify that Carol A Brawspersonally appeared before me this day and acknowledged the due execution of the foregoing instrument.

LINDA L. LEE Notary Public - California San Bernardino County Commission # 2256310 My Comm. Expires Sep 24, 2022 Notary Public <u>CA</u>, County, <u>San Bernardino</u>
My commission expire; <u>Sept 24 20</u>22
Acting in <u>CA</u>, County, <u>San Bernardino</u>

APN: R283892

## 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	<b>}</b>
County of <u>San Bernardino</u>	}
On <u>(a) /2 202/</u> before me, <u>6</u>	INDALEE MOTORY PUBLIC
personally appeared (201/ )	BROWN
who proved to me on the basis of satisfi	actory evidence to be the person(s) whose
name(s) is/are subscribed to the within	instrument and acknowledged to me that
	e <del>r/thei</del> r authorized capacity <del>(ies)</del> , and that by
	ent the person(s); or the entity upon behalf of
which the person(s) acted, executed the	e instrument.
Leave to DENALTY OF DED HIDW	
the foregoing paragraph is true and con	under the laws of the State of California that
the foregoing paragraph is true and con	rect.
WITNESS my hand and official seal.	LINDA L. LEE
variacoo my hand and ollidai seal.	Notary Public - California San Semandino County
Buda & Sew	Commission # 2256310  My Comm. Expires Sep 24, 2022
	stery Public Seal)
4	
ADDITIONAL OPTIONAL INFORMATI	ON This form complies with current California natures regarding notary wording and,
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
Deed	as the wording does not require the California notary to wolate California notary law.
(Title or description of altached document)	<ul> <li>State and County information must be the State and County where the document</li> </ul>
[Title or description of attached document continued]	<ul> <li>signer(s) personally appeared before the notery public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>
	mastralso 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 2 Document Date 01/13/21	commission followed by a comma and then your title (notary public).  • Frint the mane(s) of document signer(s) who personally appear at the time of
CARACITY OF AIRPORTATION OF THE	notarization.  • Indicate the correct singular or pland forms by crossing off incurrect forms (i.e.
CAPACITY CLAIMED BY THE SIGNER  英 Individual (s)	he/she/they, is /em ) 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.
(Title)	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
☐ Partner(s)	<ul> <li>Signature of the natury public must match the signature on file with the office of the county clerk.</li> </ul>
☐ Attorney-in-Fact ☐ Trustee(s)	<ul> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> </ul>
Cther	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> </ul>
	<ul> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>
3015 Version www.NotaryClasses.com 800-873-9855	<ul> <li>Securely attach this ducument to the signed document with a staple.</li> </ul>

## **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 <u>SanBernardino</u> }

County or Santsernary True	}
On <u>San 12 2021</u> before me, _	LNDALLEE NOTARY Public Here insert name and the officery
personally appeared <u>Carol G</u>	Braun
who proved to me on the basis of satisf	actory evidence to be the person(s) whose
name/ex is/are subscribed to the within	instrument and acknowledged to me that
herabalther avacuted the same in high	nish ament and acknowledged to the triat
	er/their authorized capacity(ies), and that by
	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	instrument.
Licertify under PENALTY OF PERJURY	under the laws of the State of California that
the foregoing paragraph is true and con	
the foregoing paragraph is true and con	
	**************************************
WITNESS my hand and official seal.	LINDA L. LEE  Notary Public - California
( P)	San Bernardino County
Buda & Brez	Commission # 2256310 My Comm. Expires Sep 24, 2022
Notary Public Signature (No	otary Public Seal)
ADDITIONAL ODTIONAL INCOMMAN	INSTRUCTIONS FOR COMPLETING THIS FORM
ADDITIONAL OPTIONAL INFORMATI	The four combines were converse confinious strategy (Strategy), making a mark
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 sont to that state so long
Dood	as the wording does not require the California notary to violate California instary
(Title or description of attached document)	<ul> <li>East,</li> <li>State and County information must be the State and County where the document</li> </ul>
3 Lines on Answerthamen to continue and presidential little	signer(s) personally appeared before the notary public for acknowledgment.
(Tillie or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>
1.1	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 <u>2</u> Document Date 01/04/21	commission followed by a comma and then your fille (notary public).
""SMESSESSESSESSESSESSESSESSESSESSESSESSES	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time is authorization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER	Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.)
_fs⊂Individual (s)	he/she/they, is /ere ) or circling the correct forms. Failure to correctly indicate this
☐ Corporate Officer	information may lead to rejection of document recording.  The nutary 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 from:  • Signature of the notary public must match the signature on fite with the office of
☐ Partner(s)	the county clerk.
☐ Attorney-In-Fact	Additional information is not required but could help to ensure this
Trustee(s)	acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.
Other	Indicate the capacity claimed by the signer. If the chamed supacity is a
2015 Vetaion www.NotaryClasses.com 800-873-9865	<ul> <li>corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> <li>Securely attach this document to the signed document with a staple.</li> </ul>
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