

2021-011367

Klamath County, Oregon

07/23/2021 12:47:00 PM

THIS SPACE RESERVED FOR Fee: \$92.00

After recording return to:
Keith Michael Thompson and Kenneth David
Thompson
P.O Box 661496
Arcadia, CA 91066

Until a change is requested all tax statements shall be sent to the following address:
Keith Michael Thompson and Kenneth David
Thompson
P.O Box 661496

## STATUTORY WARRANTY DEED

Scott D. Huffman,

Arçadia, CA 91066

File No.

Grantor(s), hereby convey and warrant to

476373AM

Keith Michael Thompson and Kenneth David Thompson, 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 4, Block 19, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT NO. 1, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true and actual consideration for this conveyance is \$14,500.00.

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:

2021-2022 Real Property Taxes, a lien not yet due and payable

Page 2 Statutory Warranty Deed Escrow No. 476373AM

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 $\frac{22}{100}$ day of $\frac{3021}{100}$ .
	Scott D Huffman
	State of} ss County of}
	On this
	See Attached California
	Notary Public for the State of  Notary Public for the State of  All-Purpose Acknowledgment

☐ Other: \_\_

☐ Other: \_\_\_\_\_\_Signer Is Representing: \_\_\_\_\_

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document.		
State of California  County of Del Norte  On 7-22-2021 before me,  Date  personally appeared Scott D.	Here Insert Name and Title of the Officer HUFFMAN Name(s) of Signer(s)		
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/subscribed to the within instrument and acknowledged to me that he/she/they executed the same his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person or the entity upon behalf of which the person(s) acted, executed the instrument.			
JAMIE O'BRIEN  Notary Public - California  Del Norte County  Commission # 2253908  My Comm. Expires Aug 13, 2022	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.  Signature Signature of Notary Public		
Place Notary Seal Above OPTIONAL			
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.			
Description of Attached Document  Title or Type of Document:  Number of Pages: Signer(s) Other Than	Document Date: Named Above:		
Capacity(ies) Claimed by Signer(s)  Signer's Name:  ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator	Signer's Name:  Corporate Officer — Title(s):  Partner — Limited General Individual Attorney in Fact Guardian or Conservator		

Signer Is Representing: