

2022-010086

Klamath County, Oregon

08/18/2022 01:22:01 PM

Fee: \$92.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:		
Thomas W. Mallams and Beverly S. Mallams		
P.O Box 249, PO Box 249		
Beatty, OR 97621		
Until a change is requested all tax statements shall be sent to the following address: Thomas W. Mallams and Beverly S. Mallams		
P.O Box 249, PO Box 249		
Beatty, OR 97621		
File No. 556738AM		

STATUTORY WARRANTY DEED

John M. Sterling,

Grantor(s), hereby convey and warrant to

Thomas W. Mallams and Beverly S. Mallams, as Tenants by the Entirety,

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:

Lots 12 and 13, Block 9, Sprague River Valley Acres, 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 \$20,000.00.

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:

2022-2023 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 DESCRIBEDIN 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 1 day of AcXIVST 2022	
John M. Stepling	
Sente of	
State of } ss County of }	
On this day of August, 2022, before me,	, a Notary Public
in and for said state, personally appeared John M. Sterling , known or identified to mis/are subscribed to the within Instrument and acknowledged to me that he/she/they exe	
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal th	
above written.	•
see attached Acknowledgment	
Notary Public for the State of	
Residing at: Commission Expires:	
Commission Expues.	

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 San Luis Obispo	. }	
On 8/17/2022 before me, Richard A. Davega, Notary Public Here insert name and title of the officer)		
personally appeared 1000 111. 2100 1109 who proved to me on the basis of satisfactory evidence to be the person(e) whose		
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by		
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.		
I certify under PENALTY OF PERJUR	f under the laws of the State of California that	
the foregoing paragraph is true and co	rrect.	
WITNESS my hand and official seal.	RICHARD A. DAVEGA Comm. #2251018	
frehald I lang	San Luis Obispo County Comm. Expires Aug 20, 2022	
Notary Public Signature	otary Public Seal)	
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM. This form complies with current California statutes regarding notary wording and,	
Statutory Warrarty	if needed, should be completed and attached to the document. Acknolwedgents 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 (or ument)	 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 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 notarization.	
CAPACITY CLAIMED BY THE SIGNER	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	
Individual (s) 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. • Signature of the notary public must match the signature on file with the office of	
☐ Partner(s) ☐ Attorney-in-Fact	the county clerk. 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 1 No.	 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 with a staple. 	
	- Security attach and document to the digner document with a staple.	