

2023-009362

Klamath County, Oregon

10/31/2023 09:18:01 AM

Fee: \$92.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:	
Wesley Alaniz and Amanda Alaniz	
5480 American Ave.	
Klamath Falls, OR 97603	
Until a change is requested all tax statements shall be sent to the following address: Wesley Alaniz and Amanda Alaniz	
5480 American Ave.	
Klamath Falls, OR 97603	
File No. 610221AM	-
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STATUTORY WARRANTY DEED

S. David Enterprises Klamath Falls Prop LLC, an Oregon Limited Liability Company,

Grantor(s), hereby convey and warrant to

Wesley Alaniz and Amanda Alaniz, 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:

Lot 4 in Block 2 of TRACT 1096 AMERICANA, 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 \$417,000.00.

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:

Page 2 Statutory Warranty Deed Escrow No. 610221AM

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 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.

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Dated this 26 day of Oct , 2023	
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S. David Enterprises Klamath Falls Prop LLC, an Oregon Limited Liabilit	Company
110181	
By: Finto How	
Stephen David, Member	
State of CAlifornia) ss	
State of CAlifornia ss County of Solano ss	-
On this 26th day of October, 2023, before me, D. G. Duke	a Notary Public in and for said
state, personally appeared Stephen David known or identified to me to be t	he Member in the Limited Liability Company known
as S. David Enterprises Klamath Falls Prop LLC, an Oregon Limited Liab	lity Company who executed the foregoing instrument,
and acknowledged to me that he/she executed the same in said LLC name.	
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my of	
above written.	.0.41/
above written. See ATTACH CAIX	HCK.
Notary Public for the State of	
Residing at:	
Commission Expires:	

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 SolanD) I was a state of Ollin
	D-6. Duke Notary tublic, (Here insert name and title of the officer)
name(s) is/are subscribed to the within	instrument and acknowledged to me that er/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJUR' the foregoing paragraph is true and co WITNESS my hand and official seal.	y under the laws of the State of California that breet. D. G. DUKE COMM. # 2444546 NOTARY PUBLIC - CALIFORNIA OF SOLAND COUNTY COMM. EXPIRES MAY 14, 2027
Notary Public Signature (f	Notary Public Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT STATUTORY WARRANTY Dead (Title or description of attached document) ESCROW # 610221 Am (Title or description of attached document continued) Number of Pages Document Date 10/24/20 2	if needed, should be completed for documents being sent to the as the wording does not require the California notary to violate Caliday. State and County information must be the State and County whisigner(s) personally appeared before the notary public for acknow. Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears commission followed by a comma and then your title (notary public must print the name(s) of document signer(s) who personally appeared to the state of the name of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s)	 Indicate the correct singular or plural forms by crossing off inche/she/they; is /are) or circling the correct forms. Failure to corrinformation may lead to rejection of document recording. The notary seal impression must be clear and photographics impression must not cover text or lines. If seal impression smit sufficient area permits, otherwise complete a different acknowled. Signature of the notary public must match the signature on file the county clerk. Additional information is not required but could be acknowledgment is not misused or attached to a different acknowledgment is not misused or attached to a differe

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ETING THIS FORM

es regarding notary wording and, e document. Acknowledgments s being sent to that state so long tary to violate California notary

- e and County where the document public for acknowledgment.
- gner(s) personally appeared which is completed.
- e as it appears within his or her r title (notary public).
- personally appear at the time of
- y crossing off incorrect forms (i.e. ns. Failure to correctly indicate this recording.
- nd photographically reproducible. il impression smudges, re-seal if a fferent acknowledgment form.
- signature on file with the office of
 - ed but could help to ensure this ched to a different document.
 - 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 corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.