2024-007044 Klamath County, Oregon



08/14/2024 10:54:49 AM

Fee: \$112.00

After recording, return to:
Rodney D. Golart, Trustee of the
Rodney D. Golart Revocable
Living Trust
22732 Elm St.
Klamath Falls, OR 97601
Until a change is requested,
all tax statements should be sent to:
Rodney D. Golart, Trustee of the
Rodney D. Golart Revocable
Living Trust
22732 Elm St.
Klamath Falls, OR 97601

WARRANTY DEED

Under ORS 93.850

The grantor, Kevin Paul Golart, Loren Dwight Golart and Amber Louise O'Brien who acquired title as Amber Louise Golart, each as to 1/3 interest,

606 Robin Hood Dr Yorktown, VA 23693

for the true and actual consideration of \$20,000.00 Twenty Thousand Dollars

CONVEYS AND WARRANTS to the grantee,

Rodney D. Golart, Trustee of the Rodney D. Golart Revocable Living Trust, under agreement dated October 20,2022

22732 Elm St.

Klamath Falls, OR 97601

the following described real property, free of encumbrances, except as specifically set forth herein:

Lots 75 and 76, Odessa Summer Homes Sites, according to the offical plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Parcel ID: R317231 and R 317311

And commonly known as: APN 3606-014CD-02100 and 3606-014CD-02200

Source of Title:

Being the same property conveyed by Affiants Deed from the Small Estate of Paul D. Golart to Kevin Paul Golart, Loren Dwight Golart and Amber Louise Golart, each as to a 1/3 interest, recorded on January 14,2008 in the office of the County Clerk of Klamath County, Oregon.

This conveyance is made subject to: NA

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, CHAPTERS 885, 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 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 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424 OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTERS 885, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Signed, sealed, and delivered on this	s 2? day of July , 2024, in the			
presence of:				
AL PILL				
Signature	Signature			
Kevin Paul Golart	Loren Dwight Golart			
Print Name	Print Name			
Individual	Individual			
Capacity	Capacity			
Signature	Signature			
Amber Louise O'Brien				
Print Name	Print Name			
Individual				
Capacity	Capacity			
C C	of this deed.			
STATE OF Virginia				
COUNTY OF York				
On this 27 day of July 3	2024, before me, Notary Public in and for			
said state, personally appeared	· · · · · · · · · · · · · · · · · · ·			
identified to be the person whose na	ume is subscribed to the within instrument, and			
who acknowledged to me fr	-			
Sin Hit Gli				
Signature: Australia	CHRISTOPHER RAVAUGHN MELLS NOTARY PUBLIC			
,	REGISTRATION # 8087000			
Title: Notary Public	COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRESOZ/28/2			
My Commission Expires: 02/28/	2027			

Signed, sealed, and delivered on this presence of:	Jayof Armst, 2024, in the						
Signature	Signature						
Kevin Paul Golart							
Print Name	Print Name						
Individual	Individual						
Capacity	Capacity						
Signature	Signature						
Amber Louise O'Brien							
Print Name	Print Name						
Individual							
Capacity	Capacity						
	te gender and quantity required by the sense his deed						
On this day of, 20_ said state, personally appeared	, before me, Notary Public in and for						
identified to be the person whose name	e is subscribed to the within instrument, and						
who acknowledged to me freel	ly executed the same.						
Signature: Print Name: Title:	FOR OFFICIAL NOTARY						
My 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.

, and the state of	accuracy, or varianty of that document.
State of California	
County of Butte	
on Avoy 5† 7,2024 before me, Callie Swarpersonally appeared Loren Duight who proved to me on the basis of satisfactory evid the within instrument and acknowledged to me that	dence to be the person(s) whose name(s) is/are subscribed to at he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	CALLIE SWARTHOUT COMM. # 2405749 NOTARY PUBLIC - CALIFORNIA COUNTY OF BUTTE Comm. Expires MAY 26, 2026 (Notary Seal)
ADDITIONAL OF	PTIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT War and Deca (Title or description of attached document) (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages 3 Document Date 8/2/24	 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 must also be the same date the acknowledgment is completed.
(Additional information)	 The notary public must print his or her name as it appears within his or her 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 Individual (s) Corporate Officer	 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 information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. 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

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

Additional information is not required but could help to ensure this

Indicate the capacity claimed by the signer. If the claimed capacity is a

acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.

the county clerk.

(Title)

☐ Attorney-in-Fact

☐ Partner(s)

☐ Trustee(s)

☐ Other

Signed, seal presence of:		d on this 4	day of	August, 2024, in the	
Signature			Signati	ıre	
Kevin Paul	Golart		Loren Dwight Golart Print Name		
Print Name					
Individual			Individual		
Capacity		~	Capacity		
Cem	bek O	Bu	<u> </u>		
Signature			Signature		
Amber Loui	ise O'Brien				
Print Name			Print Name		
<u>Individual</u>					
Capacity			Capacity		
	l terms with the	of this	deed.	quantity required by the sense	
	OF				
On this		, 20	_, before r	ne, Notary Public in and for	
	be the person w			d to the within instrument, and as same.	
Signature: _	NOTARY	ATTACHMEN	T		
	:				
Title:					
My Commis	ssion Expires: _				

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.

validity of that doddmont.
State of California County of
On August 4, 7024 before me, HANA DAVE, NOTARY PUBLIC (insert name and title of the officer)
who proved to me on the basis of satisfactory evidence to be the person(s) 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 PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. WITNESS my hand and official seal. WITNESS my hand and official seal. ###################################
Signature (Seal)