

2024-008304

Klamath County, Oregon



00333785202400083040030030

09/23/2024 11:43:08 AM

Fee: \$92.00

This instrument was prepared by:

Mandi R Schwendiman

3757 Maidu DR.

Chiloquin, Oregon 97624

Once recorded, return to:

Mandi R Schwendiman Revocable Living Trust

PO Box 311

Tangent, OR, 97389

This Space for Recorder's Use Only.

Oregon General Warranty Deed

State of Oregon

County of Klamath

KNOW ALL PEOPLE BY THESE PRESENTS, that for and in consideration of the sum of

One Dollar US Dollars (\$ 1.00) in hand, paid to

Mandi R Schwendiman, a single woman

with an address of 3757 Maidu DR. Chiloquin OR 97624

(the "Grantor" or "Grantors"), does/do hereby grant, bargain, and sell, and convey and confirm to

Mandi R Schwendiman, Trustee, Trust

with an address of PO Box 311, Tangent, OR, 97389

(the "Grantee" or Grantees") its successors and assigns the following-described real property,

lying, being and situated in Klamath County, Oregon, to wit:

Subdivision: Latakomie Shores Block 5 Lots 24&25

**Tax Parcel ID
Number**

Acct # 230896

ID# Map 3507-007CD-04000

The property identified herein ☐ is -OR- ☒ is not registered as the homestead of the Grantor(s).

Until amended, tax information shall be sent to:

Name: Mandi R. Schwendiman Rev. Living Trust

Address: PO Box 311, Tangent, OR, 97389

SUBJECT TO: easements, restrictions, reservations, and other agreements and matters of record, if any.

TO HAVE AND TO HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging unto the said Grantee and its successors and assigns, forever; the said Grantor hereby covenanting that the said premises are free and clear from any encumbrance, except as set forth above, that it is lawfully seized of an indefeasible **estate in fee simple** to said premises and may convey the same, and that it will warrant and defend the title to said premises unto said Grantee and its successors and assigns, forever, against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the Grantor(s) has/have duly executed this instrument as of the day and year written hereunder.

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.



Grantor Signature: Mandi R. Schwendiman Date: 8/30/2024
Printed Name: Mandi R Schwendiman

Grantee Signature: Mandi R. Schwendiman ^{Trustee} Date: 8/30/2024
Printed Name: Mandi R Schwendiman Revocable
Living Trust – Trustee/Beneficiary

NOTARY 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 Oregon)
County of Linn)

On August 30, 2024 before me, Felesia Denyse Richardson,
personally appeared Mandi R. Schwendiman, Trustee of Mandi R. Schwendiman Rev. Living Trust,
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 Oregon that the foregoing paragraph
is true and correct.

WITNESS my hand and official seal.

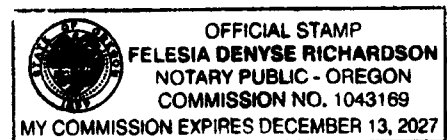
Signature

Printed Name

My Commission Expires

Felesia Denyse Richardson

December 13, 2027



(Seal)

