FORM NO. 3-M

WARRANTY DEED-INDIVIDUAL(S) TO CORPORATION OR PARTNERSHIP

Form No. 3-M-WARRANTY DEED — Minnesota Uniform Conveyancing Blanks (1978)

Individual(s) to Corporation or Partnership

CURRENT TAX CERTIFICATION
( ) REQUIRED (X) NOT REQUIRED

Certificate of Real Estate Value
(X) Filed ( ) Not required No. 17806

No delinquent taxes and transfer entered
this 5 day of Oct ; 1999.
Ray A. Luukkonen
County Auditor
By JK Deputy

#994986

Oct. 5 ; 1999 No. 60292
Deed tax hereon of $ ~~60292~~ 412.50
RAY A LUUKKONEN By JK
Crow Wing County Auditor

Office of County Recorder
County of Crow Wing, MN

I hereby certify that the within instrument was filed in this office for record on the 5 day of Oct A.D. 1999 at 3:30 o'clock P M. and was duly recorded as Doc. No. 0556994

County Recorder
By Deputy

STATE DEED TAX DUE HEREON: $412.50

Date: **September 30, 1999**

FOR VALUABLE CONSIDERATION, **Charles P. Johnson and Susan A. Johnson, husband and wife,**

Grantor(s),

hereby convey(s) and warrant(s) to **Whitebirch, Inc.,**

Grantee,

a **corporation** under the laws of **Minnesota**, real property in **Crow Wing** County, Minnesota, described as follows:

Lots 1, 2, 3, and 4, Block 1, and Lots 1, 2, 3, and 4, Block 2, Third Addition to Wildwood Hills.

(if more space is needed, continue on back)

together with all hereditaments and appurtenances belonging thereof, subject to the following exceptions:

I am familiar with the property described in this in this instrument and I certify that the status and number of wells on the described real property has not changed since the last previously filed well disclosure certificate.

WELL CERTIFICATE
RECEIVED ( ) NOT REQUIRED (X)

Charles P. Johnson

Susan A. Johnson

STATE OF MINNESOTA)
) ss.
COUNTY OF **CROW WING**)

The foregoing instrument was acknowledged before me this **30th** day of **September, 1999**, by **Charles P. Johnson and Susan A. Johnson, husband and wife,** Grantor(s).

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)
PAULA K. SCHAUB
NOTARY PUBLIC - MINNESOTA
My Comm. Exp. Jan. 31, 2000

SIGNATURE OF PERSON TAKING ACKNOWLEDGMENT

THIS INSTRUMENT WAS DRAFTED BY (NAME AND ADDRESS):
COMPLETE TITLE SERVICES, INC.
308 First Street - PO Box 189
Pequot Lakes MN 56472
9909145

RETURN TO

Tax Statements for the real property described in this instrument should be sent to (Include name and address of Grantee):
Whitebirch, Inc.
HC 2 Box 70
Pequot Lakes, MN 56472

1016800100100009, 1016800200200009, 1016800200300009, 1016800200400009, 1016800100300009, 1016800100400009