FORM No. 721-OUITCLAIM DEED (Individual or Corporate) Vol. 1184 Page- 6207 35574 SHARON McCOY KNOW ALL MEN BY THESE PRESENTS, That for the consideration hereinafter stated, does hereby remise, release and quitclaim unto ALBERT A. BRICCO hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest wise appertaining, situated in the County of A tract of land situated in Section 11, Township 34 South, Range 7 East of the Willamette Meridain, Klamath County, Oregon, more particularly described as follows: Beginning at the NV corner of the SE½ of NW½; thence South along the West line of SE½ of NW½ 440 feet and the true Point of Beginning; thence continuing South 220 feet; thence Fast parallel with the North line of the SE½ of NW½ of the West line of Larson Creek; thence Northerly along said Creek to the North line of SE½ of NW½ thence West along said line to the point of beginning. 60 MOUNTAIN TITLE COMPANY, INC. has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein. (IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE) To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever. The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ in lieu of @However, the actual consideration consists of or includes other property or value given or promused which is the whole one consideration (indicate which).⁽¹⁾ (The sentence between the symbols ⁽²⁾, it not applicable, should be deleted. See ORS 93.030.) In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this <u>3rd</u> day of <u>April</u> 1984 : if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors. THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES. Sharon McCoy STATE OF CORSONNE CONDUCTION KENTYCKY KENTURICH STATE OF DECOS, County of NELSON County of NELSON APPLIL 3, 19.84 19 84 3 amil Personally appeared SHARON MLCOY who, being duly sworn. Personally appeared the above named each for himself and not one for the other, did say that the former is the president and that the latter is the Sharon McCoy secretary of a corporation. and acknowledged the foregoing instruand that the seal affixed to the foregoing instrument is the corporation, of said corporation and that said instrument was signed and sealed in be-halt of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed. ment to be HER voluntary act and deed. (OFFICIAL SEAL) Ine Rulle Notary Public tor Orean Statutigute STATE AT LANGE (SEAL) My commission expires: Send 27, 1986 Notary Public for Oregon (If executed by a corporation, affix corporate seal) My commission expires: Sharon McCoy STATE OF OREGON. P.O. Box 531 Clarksville, GA 30523 GRANTOR'S NAME AND ADDRESS County of Klamath I certify that the within instrument was received for record on the Albert A. Bricco at 8:46 o'clock AM., and recorded GRANTEE'S NAME AND ADDRESS ACE RESERVED in book/reel/volume No...M81.......on After recording return to: page. 6207.....or as document/fee/file/ Jack Ulam RECORDER'S USE instrument/microfilm No. .35574 P.O. Box 604 Record of Deeds of said county. Chiloquin, OR 97624 Witness my hand and seal of NAME, ADDRESS, ZIP County affixed. Unii a change is requested all tax statements shall be sent to the following address Jack Ulam P.C. Box 604 Evelyn Biehn, County Clerk Chiloquin, OR 97624 By THMDeputy Fee: \$4.00 NAME, ADDRESS, ZIP