

RECORDING REQUESTED BY

Filed for record at request of

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET
ADDRESS
CITY,
STATE
ZIPTHE NATURAL FAMILY PRESER-
VATION PROJECT - MENTAL
HEALTH CARE CENTER
3314 VANDENBERG ROAD
KLAMATH FALLS, OR 97603on this 29 day of August A.D. 19 84at 2:00 o'clock P M, and dulyrecorded in Vol. M84 of DeedsPage 14997

EVELYN BIEHN, County Clerk

By [Signature] DeputyFee 4.00 Index: \$1.00

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ 0.00

- ☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax.

Firm Name

THE UNDERSIGNED GRANTOR(S) DECLARE(S) FOR A ~~VALUABLE CONSIDERATION~~ ^{CHARITABLE CONTRIBUTION}, receipt of which is hereby acknowledged,

hereby remise, release and forever quitclaim to

THE NATURAL FAMILY PRESERVATION PROJECT
MENTAL HEALTH CARE CENTER

the following described real property in the

County of KLAMATH, State of California: OREGONLOT 7, BLOCK 112, KLAMATH FALLS FOREST ESTATES
HIGHWAY 66 UNIT, PLAT NO. 4Assessor's parcel No. 23711 3600 13400
(Acct. No. 402825) 000 000Executed on AUGUST 11, 1984 atORANGE, CALIFORNIA

(City and State)

Sheila M. Fairman

(Individual)

STATE OF CALIFORNIA

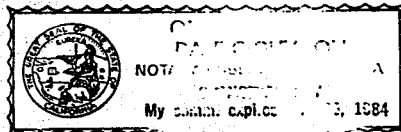
COUNTY OF ORANGE

SS.

On Aug 11, 1984 before me, DALE C GLEASON a Notary Public in and for said State,
personally appeared SHEILA M FAIRMANCOMMONWEALTH LAND
TITLE INSURANCE COMPANY(or proved to me on the basis of satisfactory evidence) to be the person _____, (known to me)
within instrument and acknowledged that SHE whose name 11 subscribed to the
executed the same.

WITNESS my hand and official seal.

Signature

OFFICIAL SEAL
DALE C GLEASON
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My comm. expires OCT. 16, 1984

(This area for official notarial seal)

Form 3213 (CA-12-82)

MAIL TAX
STATEMENTS TO

NAME

ADDRESS

ZIP