FORM No. 969—Stevens-Ness Law Publishing Co., Portland, Ore. 97204							
	īN	41955 quir	FCLAIM DEED—STATUTORY FO	Xol. Wa	Page	17267 <u>@</u>	
,	•••••		- Monte D. Beckman -				
٤	rele	ases and quitclaims toNola.JBe				Grantor,	
	•••••		***************************************				
	real	Grantee, all right, title and interest in and to the following describ I property situated in Klamath County, Oregon, to-wit:					
		The East 1/2 Southwest 1/4 Northeast 1/4					
		Section 30, Township 39 South, Range 8 East					
		of the Willamette Meridian.					
I N	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. IIF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE!						
7	The	true consideration for this conveyance	is \$1.00 (Here com	rerse side) ply with the re	equirements	of ORS 93.030)	
	Nola Beckman shall assume responsibility for all property taxes due and payable.					pavable.	
	Dated this21stday ofSeptember, 1984						
3	Morto Serkman						
		1 Oct 1984					
S	TA	TE OF OREGON, County of Washi Personally appeared the above named				, 19.84	
		rersonally appeared, the above named			*****		
	••••••	and acknowledged the foregoing instrument to be his voluntary act and deed.					
(OFFICIAL SEAL) Notary Public for Oregon—My commission expires: 4-20-87						
_		QUITCLAIM DEED					
		Monte Beckman		STATE OF	OREGON.)	
•••		Nola Beckman GRANTS		County of	r Klama	th $ss.$	
•••	•••••	2723 Ballad Way, Forest Grove	··············			e within instru- record on the	
A	fter r	GRANTEE'S ADDRESS. ZIP	97116 —	. 8thday o	$_{of}$ Octo	ber 1984	
		Nola Beckman		in book/reel	o'clock.Al	M., and recorded	
		2723 Ballad Way	SPACE RESERVED	page. 17267	/volume_IV 'or as do	o <u>M84</u> on cument/fee/file/	
		Forest Grove, Or. 97116	RECORDER'S USE	instrument/r	nicrofilm N	10. 41.955,	
_ U	ntil a	NAME, ADDRESS, ZIP change is requested, all tax statements			ss my hai	nd and seal of	
sh	all b	same as above		•		County Clerl	
	•••••			NAME	1-0	TT TITLE	
			Fee: \$4.00	By IAMO.	Sonl	Deputy	
,		NAME, ADDRESS, ZIP	Index: \$1.00				

3.80