VOLANS PARA 22150 FORM No. 969-QUITCLAIM DEED-STATUTORY FORM (Individual Granter) QUITCLAIM DEED-STATUTORY FORM OÅ WILLIAMSON RIVER SAND FARM, a Joint Venture. 68990 .....Grantor, releases and quitclaims to DOUGLAS M. STILES, ..... Grantee, all right, title and interest in and to the following described ----real property situated in Klamath County, Oregon, to-wit: Lot 15 of River's Bend, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. 36 REC. THIS INSTRUMENT WILL 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 APPROVED USES. (IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE) The true consideration for this conveyance is \$.....NONE............ (Here comply with the requirements of ORS 93.030) November Dated this 7th day of October 19.86 WILLIAMSON RIVER SAND FARM, a Joint Venture Managing Venturer Nov. October 77, 19.86. STATE OF OREGON, County of Klamath ) ss. Personally appeared the above named \_\_\_\_\_\_ BRUCE\_L. CARPENTER, the Managing Venturer. cf Williamson River Sand Farm, a Joint Venture and acknowledged the foregoing instrument to be...its...voluntary act and deed. me: Suna K. Campoy Notary Public for Oregon-My commission expires: 8-26-59 Before me: Susa K. (OFFICIAL SEAL) 1C · . / · STATE OF OREGON. QUUTCLAIM DEED .99. WILLIAMSON' RIVER SAND FARM. Klarath County of ..... GRANTOR I certify that the within instrua Joint Venture, GRANTEE ment was received for record on the DOUGLAS M. STILES 5th day of December 1986 ..., GRANTEE'S ADDRESS, ZIP in book/reel/volume No. M86 on After recording return to: SPACE RESERVED page 22450 or as lee/lile/instru-DOUGLAS M. STILES ment/microfilm/reception No.68990 ..., FOR <u>PO Box 217</u> RECORDER'S USE Klamath, Falls, ORC 97601 Record of Deeds of said county. Witness my hand and seal of NAME, ADDRESS, ZIP County affixed. Until a change is requested, all tax statements Evelyn Biehn, County Clerk .... shall be sent to the following address: TITLE DOUGLAS M. STILES NAME / Imila Deputy PO Box 217 97601 Fee: \$10.00 Rv Klamath Falls, OR eros 10 NAME. ADDRESS, ZI