	T, CONTINUE DESCRIPTION ON REVERSE SIDE)
The true consideration for this conveyance is \$	(Here comply with the requirements of ORS 93.
10 CLEAR ITIE	
Dated tl 3 day of	19
	× 1 1 1 ×
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERT SCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE	TY DE-
USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCE THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO	EPTING **
PROPERTY SHOULD CHECK WITH THE APPROPRIATE CIT	TY OR .
COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USE	1 i Z a - 1 a
STATE OF OREGON, Cou	unty of)ss.
This instrument was	s acknowledged before me on
	2louch
12 , 11	
Derbara Halverson	
Barbara J Halvorson-	Torbet Notary Public for Or
	REGON My commission expires
My Commission Expires 7-1	
QUITCLAIM DEED	
	STATE OF OREGON,
Bob Zbach and Pamela Zbach	
Elizabeth Parker	County ofKlamath
P.O.Box 686 GRANTEE	I certify that the within in
So. BEACH, OR 97366	ment was received for record on
GRANTEE'S ADDRESS, ZIP	
After recording return to:	1st day of June
GRANTEE'S ADDRESS, ZIP	1st. day of June 19. at 10:52 o'clock AM., and reco
GRANTEE'S ADDRESS, ZIP After recording return to: ELLABETH PARKER P. C. BOX 686	at 10:52 o'clockAM., and recommendation of the control of t
GRANTEE'S ADDRESS, ZIP After recording return to: EULABETH DARKER	at 10:52 o'clock AM., and reconstruction of the construction of the constructio
After recording return to: EHLABETH PARKER P.O. BOX 686 50. BEACH, OR 97865	at 10:52 o'clockAM., and recommendation of the second series and second series are served at 10:52 o'clockAM., and recommendation of the served served at 10:52 o'clockAM., and recommendation of the served se
GRANTEE'S ADDRESS, ZIP After recording return to: EHLABETH PARKER P.O. BOX 686	SPACE RESERVED in book/reel/volume No. M92
After recording return to: EULABETH PARKER P.O. BOX 686 50. BEACH, OR 97866 NAME, ADDRESS, ZIP	ASL. day of
After recording return to: ELLABETH PARKER P. P. BOX 686 50. BEACH, OR 97865 NAME, ADDRESS, ZIP Until a change is requested, all tax statements shall be sent to the following address:	SPACE RESERVED in book/reel/volume No. M92
After recording return to: ELLABETH PARKER P.O. BOX 686 50. BEACH OR 97866 NAME, ADDRESS, ZIP Until a change is requested, all tax statements	space reserved in book/reel/volume No. M92
After recording return to: ELLABETH PARKER P.O. BOX 686 DA. BEACH, OR 97865 NAME, ADDRESS, ZIP Until a change is requested, all tax statements shall be sent to the following address: ELLABETH PARKER F. O. BOX 686	ASL. day of
GRANTEE'S ADDRESS, ZIP After recording return to: ELLABETH PARKER P.O. BOX 686 50. BEACH, OR 97865 NAME, ADDRESS, ZIP Until a change is requested, all tax statements shall be sent to the following address:	Ist. day ofJune
