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APR 1 AM 9 47

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RECORDING REQUESTED BY

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

NAME Teri A. Lundeen
STREET ADDRESS 679-Le Harve
CITY, STATE Lake Elsinore, Ca. 92530
ZIP

Title Order No. _____ Escrow No. _____

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Teri Lundeen
on this 1st day of April A.D. 19 93
at 9:47 o'clock A.M. and duly recorded
in Vol. M93 of Deeds Page 6597
Evelyn Biehn County Clerk
By Caroline Lundeen Deputy.

Fee, \$30.00

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$

- ☐ 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

Loretta E. Varish

(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do I hereby remise,

release and forever quitclaim to Teri A. Lundeen

the following described real property in the City of
County of Klamath

State of California: Oregon

Lot 14, Block 35, as shown on map entitled Klamath Forest Estates
Highway 66, Unit Plat #2

Assessor's parcel No. _____

Executed on March 23, 1993 at Lake Elsinore, California
(City and State)

Loretta E. Varish

Loretta E. Varish

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CaliforniaCounty of RiversideOn 3/23/93 before me

DATE

NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

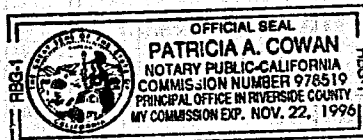
personally appeared Loretta E. Varish

NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) are
subscribed to the within instrument and ac-
knowledged to me that he/she/they executed
the same in his/her/their authorized
capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s),
or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.



SIGNATURE OF NOTARY

OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

TITLE OR TYPE OF DOCUMENT Quit Claim DeedNUMBER OF PAGES 1DATE OF DOCUMENT 3/23/93SIGNER(S) OTHER THAN NAMED ABOVE None

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL☐ CORPORATE OFFICER(S)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

☐ ATTORNEY-IN-FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)