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92 APR 28 AM 11 37

Address:

Lucian Grant
6890 Engram Rd
New Smyrna Beach, FL 32169
This Instrument Prepared by:

Address:

Property Appraisers Parcel Identification (Folio) Number(s):

Grantee(s) S.S. #(s):

QUIT-CLAIM DEED

RAMCO FORM 8

STATE OF OREGON,
County of Klamath

ss. Vol. m93 Page 9140

Filed for record at request of:

Lucian Grant

on this 28th day of April A.D. 19 93
at 11:37 o'clock A M. and duly recorded
in Vol. M93 of Deeds Page 9140
Evelyn Biehn County Clerk

By Pauline Mullendar

Deputy.

Fee, \$30.00

SPACE ABOVE THIS LINE FOR PROCESSING DATA

This Quit-Claim Deed, Executed this 6th day of April, A.D. 1993, by

LUCIAN H. GRANT

first party, to

LUCIAN H. GRANT and KATHLEEN B. GRANT

whose post office address is

6890 Engram Rd., New Smyrna Beach, FL. 32169

second party:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the said first party, for and in consideration of the sum of \$10.00 in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Klamath, State of Oregon, to-wit:

KLAMATH FALLS FOREST ESTATES 1st ADDITION, BLOCK 26, LOT 22

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Judith N. Miller
Witness Signature (as to first Grantor)
JUDITH N. MILLER

Printed Name

Joan Page Polizzi
Witness Signature (as to first Grantor)
JOAN PAGE POLIZZI

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

STATE OF FLORIDA
COUNTY OF VOLUSIA
LUCIAN H. GRANT

Grantor Signature

Lucian H. Grant

Printed Name

6890 Engram Rd., New Smyrna Bch, FL. 32169
Post Office Address

Co-Grantor Signature, if any

Printed Name

Post Office Address

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: PERSONALLY KNOWN and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

OFFICIAL NOTARY SEAL
JUDITH N. MILLER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC227828
MY COMMISSION EXP. OCT. 20, 1996

Witness my hand and official seal in the County and State last aforesaid this 13th day of APRIL, A.D. 19 93

Judith N. Miller
Notary Signature JUDITH N. MILLER

Printed Notary Signature