**************************************	QUITCLAIM DEED VOLMENTS, That Helen L. Bowerman	hereinattes collect december
	ridou h. Roaelwau & E.	llen G. Bowerman
in that certain real property with the	trantee's heirs, succesors and assigns all of the gra e tenements, hereditaments and appurtenances t only of Klamath , State of Orego	hereunto halandind on in ann
	akomie Shores. (118-3507-007CD-	
and the state of t		The state of the s
The true and actual considera	e unto the grantee and grantee's heirs, successor, ation paid for this transfer, stated in terms of do consists of or includes other property or value	ollars, is \$ 1.00
	1) PCT he centence between the symbole , it not applicable,	
changes shall be made so that this d In Witness Whereof, the grante	e the context so requires, the singular includes to ed shall apply equally to corporations and to it or has executed this instrument this	of
duly authorized thereto by order of i		11
THIS INSTRUMENT WILL NOT ALLOW USE O SCRIBED IN THIS INSTRUMENT IN VIOLATION	FINE PROPERITUE.	umen
USE LAWS AND REGULATIONS. BEFORE SIG THIS INSTRUMENT, THE PERSON ACQUIRIN	GRING OR ACCEPTINGGRING OR ACCEPTING	
PROPERTY SHOULD CHECK WITH THE AFCOUNTY PLANNING DEPARTMENT TO VERIF	PROPRIATE CITY OR	
Helen L. Bowerman	STATE	OF OREGON,
10154 Caminto Mule San Diego, CA 921	County	of
XES: Grantor's Name and Address	1 cer	tify that the within instrument ved for secord on the
Eldon P. Bowerman 8829 Trepaire Circ		red for second on theday
Santee, CA 92071		o'clockM., and secorded in
ifornia all-purpose ack	Mowledgment '~''	I/valvema NA
ate of alistoria	)	OPTIONAL SECTION
\$ (		CAPACITY CLAIMED BY SIGNER
20114 6 1/4 6 4 3		
ounty of 300 Allego	$\frac{1}{\sqrt{2}}$	Though statute does not require the Notary to fill in the data below, doing so may prove
ounty of 300 Allego n 9-3-93 before me, LOW	hud Casis Hohry Luble	fill in the data below, doing so may prove invaluable to persons relying on the document.
n 9-3-93 before me, LOUL	Sheudicases Hobinghuller NAME TITLE OF OFFICER - E.G., JANE DOE, NOTARY POSICE	fill in the data below, doing so may prove invaluable to persons relying on the document.  NDIVIDUAL
ounty of 300 Allego  n 9-3-93 before me, LOW  ersonally appeared 14elem		fill in the data below, doing so may prove invaluable of persons relying on the document.    NDIVIDUAL   CORPORATE OFFICER(S)
on 9-3-93 before me, LOUAL personally appeared Helen	L. Bowerman	fill in the data below, doing so may prove invaluable to persons relying on the document.  NDIVIDUAL
on 9-3-93 before me, LOUAL personally appeared Helen	NAME(S) OF SIGNER(S)  oved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (Sare	fill in the data below, doing so may prove invaluable of persons relying on the document.    NDIVIDUAL   CORPORATE OFFICER(S)   TITLE(S)   LIMITED   GENERAL
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OFFICIAL NOTARY SEAL CONSTANCE W. CASSIN Notary Public — California SAN DIEGO COUNTY My Comm. Expires JUL 28,1995  HIS CERTIFICATE MUST BE ATTACHED TO HE DOCUMENT DESCRIBED AT RIGHT: hough the data requested here is not required by law,	NAME(S) OF SIGNERIS)  Oved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/te/their authorized capacity(ies), and that by his/he/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.  WITNESS my hand and official seal.  OPTIONAL SECTION  TITLE OR TYPE OF DOCUMENT  NUMBER OF PAGES  DATE OF DOCUMENT  DATE OF DOCUMENT  SIGNER(S) OTHER THAN NAMED ABOVE	fill in the data below, doing so may prove invaluable of persons relying on the document.    NDIVIDUAL     CORPORATE OFFICER(S)     TITLE(S)     DARTNER(S)   LIMITED     GENERAL     ATTORNEY-IN-FACT     TRUSTEE(S)     GUARDIAN/CONSERVATOR     OTHER:     SIGNER IS REPRESENTING:   NAME OF PERSON(S) OR ENTITY(IES)
OFFICIAL NOTARY SEAL CONSTANCE W. CASSIN Notary Public — California SAN DIEGO COUNTY My Comm. Expires JUL 28, 1995  THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:  HOUGH the data requested here is not required by law, could prevent traudutent resitachment of this form.  STATE OF OREGON: COUNTY OF KI.	NAME(S) OF SIGNERIS)  Oved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/te/their authorized capacity(ies), and that by his/he/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.  WITNESS my hand and official seal.  OPTIONAL SECTION  TITLE OR TYPE OF DOCUMENT  NUMBER OF PAGES  DATE OF DOCUMENT  DATE OF DOCUMENT  SIGNER(S) OTHER THAN NAMED ABOVE	fill in the data below, doing so may prove invaluable to persons relying on the document.    NDIVIDUAL   CORPORATE OFFICER(S)   TITLE(S)   LIMITED   GENERAL   ATTORNEY-IN-FACT   TRUSTEE(S)   GUARDIAN/CONSERVATOR   OTHER:   SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)