

RECORDING REQUESTED BY

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

NAME
STREET
ADDRESS
CITY,
STATE
ZIP

Rhonda Cooper
RT. 1 BOX 272
Spiro, Oklahoma
74958

Title Order No. _____ Escrow No. _____

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 12th day of Oct A.D., 19 93
at 3:56 o'clock P M. and duly recorded
in Vol. M93 of Deeds Page 26612
Evelyn Biehn County Clerk
By Pauline Mulender
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

Richard D. SKALSKI

(Print or type name of grantor(s).)

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

release and forever quitclaim to Rhonda Cooper, Gordon SKALSKI, and Shannon SKALSKI;

the following described real property in the ~~County~~

County of Klamath

State of Oregon

Lot 4, Block 7, Ferguson Mt. Pines, being a
subdivision of the West 1/2 of Section 5, Township
36 South, Range 13 East of the Willamette Meridian.

Assessor's parcel No. _____

Executed on Oct. 1, 19 93, at Victorville, Ca.

City and State

Richard D. Skalski
RICHARD D. SKALSKI

STATE OF CALIFORNIA

ss.

COUNTY OF San Bernardino

On 10/01/93 before me, Harlan E. Butts

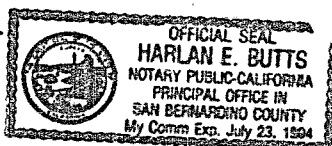
(Name, title of officer i.e., "Jane Doe, Notary Public")

personally appeared Richard D. Skalski

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged 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.

Harlan E. Butts
Signature



(Seal)

RIGHT THUMBPRINT (OPTIONAL)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE
OFFICER(S) _____ (TITLE(S))
☐ PARTNER(S)
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER _____

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(ES))

MAIL TAX
STATEMENTS TO

NAME

ADDRESS

ZIP