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12-15-93A09:44 RCVD

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RECORDING REQUESTED BY

ANN-MRIE CUKROV
AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET
ADDRESS
CITY
STATE
ZIP

Benita Gold
11631 Granmere Ct.
Riverside, CA 92503

Title Order No. _____ Escrow No. _____

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Ann-Marie Cukrov
on this 15th day of Dec. A.D., 19 93
at 9:44 o'clock AM. and duly recorded
in Vol. 993 of Deeds Page 33277
Evelyn Biehn County Clerk
By Cousine Michael Deputy

Fee, \$30.00

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ -0- Interspousal transfer
☐ 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 _____

CHARLES GOLD

(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do as hereby remise,
release and forever quitclaim to BENITA L. GOLD, a married woman as her sole and
separate property
the following described real property in the City of _____
County of KLAMATH State of OREGON

more particularly described as:

Lot 10, Block 66, of the fifth addition to Nimrod River Park
as shown on official map in Official Records of said county.

Subject to all conditions, covenants, reservations, restrictions,
easements, rights and rights of way of record in official records of
said county and state.

Assessor's parcel No. _____

Executed on Oct. 7, 1993 at Riverside, California

Charles Gold
CHARLES GOLD

STATE OF CALIFORNIA

ss.

COUNTY OF Riverside

On 10/7/93 before me, RALPH K. HEKMAN,
(Name, title of officer - i.e., "Jane Doe, Notary Public")

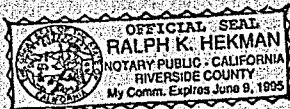
Notary Public

personally appeared CHARLES GOLD

personally known to me (or proved to me on the basis of satisfac-
tory evidence) to be the person(s) whose name(s) is/are sub-
scribed 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 instru-
ment the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

WITNESS my hand and official seal.

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

BENITA GOLD, 11631 Granmere, Riverside, CA 92503

NAME

ADDRESS

ZIP