

RECORDING REQUESTED BY

STATE OF OREGON, ss.
County of Klamath

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

Filed for record at request of:

NAME
STREET ADDRESS
CITY, STATE, ZIP
Joan Anderson
266 E. Desert Falls Dr.
Palm Desert, CA 92260
Title Order No. _____ Escrow No. _____

Joan Anderson
on this 12th day of April A.D., 19 94
at 9:50 o'clock A.M. and duly recorded
in Vol. M94 of Deeds Page 10782.
Evelyn Biehn County Clerk
By Pauline Mulendore
Deputy.
Fee, \$30.00

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ 0
 computed on full value of property conveyed, or
 computed on full value less value of liens and encumbrances remaining at the time of sale.

T. Colin James McNelly Attorney
Signature of Declarant or Agent Determining Tax. Firm Name

Joan E. Anderson, a widow

(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 Joan E. Anderson, Trustee for the Joan E. Anderson 1994 Trust

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

State of Oregon

Lot 16, Block 10, Klamath Forest Estates as recorded in Klamath County, Oregon.

Assessor's parcel No. _____

Executed on 1-28, 1994, at Desert Springs Palm Desert Ca
Joan E. Anderson
Joan E. Anderson

STATE OF California } ss.
COUNTY OF Riverside

On 1/28/94 before me, Eloise C. Turk,
Notary Public
personally appeared Joan E. Anderson

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.
Eloise C. Turk
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 Joan Anderson, 266 E. Desert Falls Dr, Palm Desert, CA 92260
NAME ADDRESS ZIP

