

80249

05-02-94A09:03 RCVD

Vol 94 Page 13630

TERMINATION BY BREACH

CHERYL A. SHANKLIN and LELAND E. REEVES JR. have broken your agreement by failing or refusing to fulfill your obligations. Your agreement, dated October 2, 1991 is herewith terminated in accordance to the terms of the agreement. Due to: Arrears in monthly payments, no building permits obtained for work to be done as agreed and none of the work was done, as agreed; stealing premise property Conditions of agreement were violated, therefore possession of the property reverts to Kathleen Stokke as to the terms of the agreement.

Property known at Tract 78; Pleasant Homes; aka 5609 Cottage Ave.

Date: April 20, 1994

Kathleen Stokke
by M. Atkins
Atty in fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5193

State of CALIFORNIACounty of IMPERIALOn 4/20/94

DATE

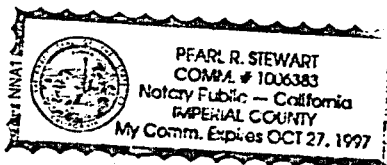
before me, PEARL R. STEWART, Notary Public

NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared KATHLEEN STOKKE BY M. ATKINS

NAME(S) OF SIGNER(S)

☐ 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.

Pearl R. Stewart
SIGNATURE OF NOTARY

OPTIONAL SECTION
CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL
☐ CORPORATE OFFICER(S)

TITLE(S)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

SELF

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT TERMINATION BY BREACHNUMBER OF PAGES ONE DATE OF DOCUMENT 4/20/94SIGNER(S) OTHER THAN NAMED ABOVE NONE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kathleen Stoke
of April A.D., 19 94 at 9:03 o'clock AM., and duly recorded in Vol. M94
of Deeds on Page 13630

FEE \$30.00/cc 1.00

Return: Kathleen Stoke, P.O. Box 0710, #AT111
Newport, Or. 97365

Evelyn Biehn

By

County Clerk

Charles M. Mullen