

STATE OF OREGON,  
County of Klamath ss.

RECORDING REQUESTED BY

Filed for record at request of:

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS  
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:NAME  
STREET  
ADDRESS  
CITY,  
STATE  
ZIPAllen J. Maday  
P.O. Box 1532  
Ventura, Ca. 93002Allen Maday  
on this 10th day of May A.D., 19 94  
at 10:01 o'clock A M. and duly recorded  
in Vol. M94 of Deeds Page 14668.  
Evelyn Biehn County Clerk  
By [Signature] Deputy.

Fee, \$30.00

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## 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

Joan F. Maday

(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 Allen J. Maday (unmarried man)

the following described real property in the City of \_\_\_\_\_  
County of Klamath, State of OregonBlock 37, Lot 15, of the 4th Addition to  
Nimrod Raver Park

Assessor's parcel No. \_\_\_\_\_

Executed on February 3, 19 94, at Highland, California

(City and State)

STATE OF CALIFORNIA } ss.COUNTY OF San BernardinoOn Feb 3, 94 before me, Gale D. Reckard Jr.

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

Notary Public

personally appeared

Joan F. Maday

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.

Gale D. Reckard Jr.  
Signature

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

Allen J. Maday PO Box 1532 Ventura CA 93002

NAME

ADDRESS

ZIP

