

86638

88-24-94/09 19 RCVD

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Order No.

Escrow No.

Loan No.

WHEN RECORDED MAIL TO:

MORRISON & ISOBEL YOMTOB
P.O. Box 100
Oakhurst, CA 93644

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENT TO:

MORRISON & ISOBEL YOMTOB
P.O. Box 100
Oakhurst, Ca 93644

DOCUMENTARY TRANSFER TAX \$-0-

- Computed on the consideration or value of property conveyed; OR
..... Computed on the consideration or value less liens or encumbrances remaining at time of sale.

John J. J...
Signature of Declarant or Agent determining tax — Firm Name

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, MORRISON YOMTOB and ISOBEL YOMTOB

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to MORRISON YOMTOB, as Trustee of the Morrison Yomtob Trust, as to an undivided one-half interest, and ISOBEL YOMTOB, as Trustee of the Isobel Yomtob Trust, as to an undivided one-half interest, both as tenants in common, the real property in the City of _____, State of ^{Oregon} ~~California~~, described as County of Klamath

Lot 27, Block 12, Klamath Forest Estates, Sprague River Unit.

Subject to all conditions, restrictions, reservations, easements, exceptions, rights and/or rights-of-way of record affecting said property.

Dated August 16, 1994

STATE OF CALIFORNIA
COUNTY OF _____

1
ss.
ss.

On _____

before me, the undersigned, a Notary Public in and for said State personally appeared _____

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.

WITNESS my hand and official seal.

Signature _____

(This area for official notarial seal)

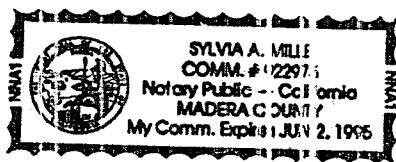
MAIL TAX STATEMENTS AS DIRECTED ABOVE

1085 (6/82)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIACounty of MADERAOn August 16, 1994 before me, SYLVIA A. MILLE (Notary Public)
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"personally appeared MORRISON YOMTOB and ISOBEL YOMTOB
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.

Sylvia A. Mille
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☒ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

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

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

DESCRIPTION OF ATTACHED DOCUMENT

QUITCLAIM DEED

TITLE OR TYPE OF DOCUMENT

One

NUMBER OF PAGES

August 16, 1994

DATE OF DOCUMENT

None

SIGNER(S) OTHER THAN NAMED ABOVE

STATE OF OREGON: COUNTY OF CLATSOP: ss.

Filed for record at request of Aug the 24th day
 of A.D., 1994 at 9:19 o'clock A.M., and duly recorded in Vol. M94
 of Deeds on Page 26315

FEE \$35.00

Evelyn Biehn County Clerk

By Pauline Mullendore