

94753

02-13-95P01:56 RCVD

The State of Texas,

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County of Smith

Know All Men by These Presents:

That Bruce A. Bricco, hereinafter called the grantor,

of the County of Smith and State of Texas, for and in consideration of
the sum of Three Thousand Five Hundred (\$3,500.00) DOLLARS

to Grantor in hand paid by Myona Wilson, hereinafter called the grantee
of the County of Klamath and State of Oregon, the receipt of which
is hereby acknowledged, do Convey, by these presents BARGAIN, SELL, RELEASE, AND FOREVER

QUIT CLAIM unto the said Grantee

whose mailing address is

her heirs and assigns, all her right, title and interest in and to that certain tract or
parcel of land lying in the County of Klamath, State of Oregon, described as follows, to-wit:

The Westerly 100 feet of Block 2, South Chiloquin addition to the
City of Chiloquin

TO HAVE AND TO HOLD the said premises, together with all and singular the rights, privileges and
appurtenances thereto in any manner belonging unto the said Grantee

her heirs and assigns forever, so that neither Bruce A. Bricco the said Grantor

nor Grantor's heirs, nor any person or persons claiming under him shall, at any time
hereafter, have, claim, or demand any right or title to the aforesaid premises or appurtenances, or any part thereof.

WITNESS by the hand of Lyle, Oregon this 14th
day of December, 19 94

Witness at request of Grantor:

Bruce A Bricco

Return & Taxes: Myona Wilson
49555 Hwy 62
Chiloquin, Or. 97624

(Acknowledgment)

STATE OF TEXAS
COUNTY OF DeFas

This instrument was acknowledged before me on the 14th day of December, 19 94.
by Linda N. Dingle

My commission expires:

8-31-96

Linda N Dingle
Notary Public, State of Texas
Notary's printed name:

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Myona Wilson the 13th day
of Feb A.D., 19 95 at 1:56 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 3075

FEE \$30.00

Bernetha G. Letsch

County Clerk

By Dorinda Miller

After Recording return to Chiloquin, Or. 97624

TEXAS STANDARD FORM