

RECORDING REQUESTED BY

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

NAME Clem J. Shamp
STREET ADDRESS 19401 Walker Rd. #22
CITY Willits, Ca. 95490
STATE
ZIP

Title Order No. _____ Escrow No. _____

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Celm J. Shalmp

on this 14th day of Feb A.D. 19 95
at 10:37 o'clock A.M. and duly recorded
in Vol. M95 of Deeds Page 3219
Bernetha G. Letsch County Clerk

By Douglas McLendon

Fee, \$30.00

Deputy. _____

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

ELDORA E. JENSEN

(Print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do as hereby remise,

release and forever quitclaim to

CLEM J. SHAMP

the following described real property in the City of

County of KLAMATH

State of OREGON

Block 78, Lot 17, 8th Addition to Nimrod River park

Subject to all conditions, covenants, restrictions, reservations,
easements, rights and rights of way of record, Official records of

Klamath County, State of Oregon

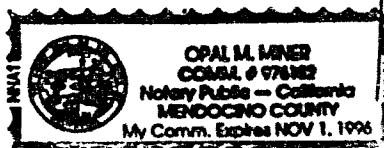
Assessor's parcel No. R-3611-008A0-05000-000

Executed on Feb 8, 1995, at Willits, Ca.

Eldora E. JensenSTATE OF California } ss.COUNTY OF MendocinoOn 2/8/95 before me, Opal M. Miner
(Name, title of officer - i.e., "Jane Doe, Notary Public")personally appeared Eldora E. Jensen

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.

Opal M. Miner
Signature

(Seal)

RIGHT THUMBPRINT (OPTIONAL)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

☒ INDIVIDUAL(S)☐ CORPORATE

OFFICER(S)

☐ PARTNER(S)☐ ATTORNEY IN FACT☐ TRUSTEE(S)☐ GUARDIAN/CONSERVATOR☐ OTHERSIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(ES))MAIL TAX
STATEMENTS TO

NAME

ADDRESS

ZIP