

98446

RECORDING REQUESTED BY

04-17-95P01:25 RCVD

Vol. 195 Page 9583

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

NAME Chariss + Steven O'KEEFESTREET ADDRESS 2049 VISTA VALLEY RIM PL.CITY, STATE & ZIP CODE E/CAJON, CA 92019

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 liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax _____ Firm Name _____

Robert Vigneau

(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to Charisse + Steven O'Keefe

(NAME OF GRANTEE(S))

the following described real property in the City of _____

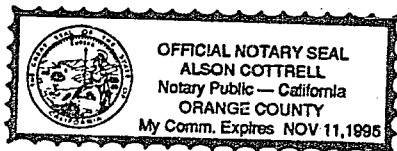
County of KLAMATHState of OREGONThe west 550 Ft. of Lot 15, Block 17 Klamath Falls Forest Estates SYCAN UNITS. (10.48 ACRES)Assessor's parcel No. R3313-01400-00400Executed on 4-12 1995 at Anaheim Hills, Calif.Robert VigneauSTATE OF CALIFORNIACOUNTY OF ORANGEOn 4-12-95 before me, ALSON COTTRELL, NOTARY PUBLIC

(NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared ROBERT VIGNEAU
 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.

(SIGNATURE OF NOTARY)



MAIL TAX STATEMENTS TO: (Seal) Charisse + Steven O'KEEFE
2049 VISTA VALLEY RIM PL. E/CAJON, CA 92019

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts form for an intended use or purpose.

RIGHT THUMBPRINT (Optional)

CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S)
☐ PARTNER(S) ☐ LIMITED (TITLE)
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN CONSERVATOR
☐ OTHER

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Chariss O'Keefe the 17th day
 of April A.D., 19 95 at 1:25 o'clock P M., and duly recorded in Vol. M95
 of Deeds on Page 9583

FEE \$30.00

Bernetha G. Ketsch, County Clerk

By Suzette Heston