

RECORDING REQUESTED BY

STATE OF OREGON,
County of Klamath ss.AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

Filed for record at request of:

Gary L. Ryser

on this 9th day of Aug A.D., 19 95
at 9:38 o'clock A M. and duly recorded
in Vol. M95 of Deeds Page 21100

Bernetha G. Letsch County Clerk

By Pauline Mendenhall

Deputy.

Fee, \$30.00

NAME
STREET
ADDRESS
CITY,
STATE
ZIP

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

Colleen N. Billings

(print or type 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 Gary L. Ryser

the following described real property in the City of

County of _____, State of _____

The NW 1/4 W 1/4 Section 15, Township 30 South, Range 10 East of
 the Willamette Meridian, in the county of Klamath, State of
 Oregon.

Assessor's parcel No. _____

Executed on March 31, 1995, at Tacoma, WA 98444

(City and State)

Colleen N. BillingsSTATE OF Washington } ss.
COUNTY OF PierceOn 3-31-95 before me, Cindy Senff

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

Notary Public
personally appeared Colleen N. Billings

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.

Cindy Senff
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 Gary L. Ryser 36033 Ashton Place - Fremont, CA 94536

NAME

ADDRESS

ZIP



7 67775 33790 7