

45888

RECORDING REQUESTED BY

Vol. M97 Page 31459

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

NAME Max Claxton
 STREET ADDRESS P.O. Box 933
 CITY, STATE & ZIP CODE Chiloquin OR 97624
 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

ELIZABETH M. DABILL

(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 MAX R. & FELICE A. CLAXTON

(NAME OF GRANTEE(S))

the following described real property in the City of ChiloquinCounty of Klamath, State of OREGON

LOT 13 IN BLOCK 5 OF TRACT NO. 1065 IRISH BEND
ACCORDING TO THE OFFICIAL PLAN. ALSO 1/90 TH INT. IN LOT 12,
BLOCK 4, IRISH BEND.

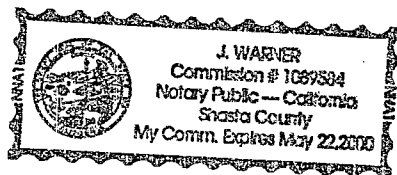
Assessor's parcel No. _____

Executed on Sept 19, 1996, at Pedding, Calif.
 (CITY AND STATE)

STATE OF CaliforniaCOUNTY OF ShastaOn 9/19/96 before me, J. WARNER, Notary Public

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

personally appeared Elizabeth M. Dabill
 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:

(See) MAX R. CLAXTON
P.O. Box 933 Chiloquin OR 97624

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. Wolcott's makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

RIGHT THUMBPRINT (Optional)

CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S)
 (TITLE)
☐ PARTNER(S) ☐ LIMITED
☐ TRUSTEE(S) ☐ GENERAL
☐ ATTORNEY IN FACT
☐ 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 Max Claxton the 26th day
 of Sept., A.D., 19 97, at 11:01 o'clock A. M., and duly recorded in Vol. M97
 of Deeds on Page 31459.

FEE \$30.00

By Bernetha G. Letsch, County Clerk
Kathleen Rossi