'98 MAR 16 A11:49

Vol. <u>M98</u> Page <u>8690</u>

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

Thomas W + Nancy L. Hall STREET 6368 TEAL ORIVE CITY, STATE & BONDADA, OR. 97623
TITLE ORDER NO. _____ESCROW NO. ____

A.D., 19 98

W m'

FEE

\$30.00

	SPACE ABOVE THIS LINE FOR	RECORDER'S USE
QUITCLAIM DEED	DOCUMENTARY TRANSFER TAL computed on full value of pro computed on full value less lie encumbrances remaining at ti	X \$ perty conveyed, or
	Signature of Declarant or Agent Determin	1
Carcine lita Valencia The undersigned grantor(s), for a valuable consideration		
he undersigned (grantor(s), for a valuable consideration	ME OF GEANTOR(SI)	
prever quitclaim to Thomas W. and	of Nonchel Holl	ragea, do_hereby remise, relea
ne following described real property in the City of BO	Me or Glawtee(S)) MO (1) Z(A COUNTY OF	Klamoth state of C
Klamath Falls	Forest Estates Hu	UY 66
Plat #2, 6	3lock 45, Lot 10	
ssessor's parcel No.		
ecuted on YNarch 9 1998	. at LoHabra Cal	\mathcal{F}
	- Carma	TY MOSTATE VA Campia
TATE OF <u>CIALIFORNIA</u>	Corne	lita Valencia
OUNTY OF DRANGE		free College
MARCA 9,1998 before me, THERON R. Consolid speared CARMELITA VALENCE AND NOT TO THE DAY OF THE PROPERTY AND THE DAY OF THE PROPERTY AND THE DAY OF THE DAY	OLLIER NOTARY PUBLIC	RIGHT THUMBPRINT (Optional)
sonally appeared CARMELITA VALENCIA	personally	(0)10/12/
own to me (or proved to me on the basis of satisfactory evidence subscribed to the within instrument and acknowledged to his/her/their authorized capacity(ies), and that by his/her/theon(s), or the entity upon behalf of which the person(s) actor TNESS my hand and official seal.	me that he/she/they executed the same	OP OF THUMB HERE
Theon & Collin	Commission #1083/78 Notary Public - California	CAPACITY CLAIMED BY SIGNERIS)
(SIGNATURE OF NOTARY) (SEAL)	Orange County ty Comm. Expires Feb \$1, 2000	☐ INDIVIDUAL(S) ☐ CORPORATE OFFICER(S)
IL TAX Thomas W. + Nancy L. TEMENTS TO: 6368 Teal Origin Ros	Ha11	☐ PARTNER(S) ☐LIMITED ☐GENERAL
re you use this form, fill in all blanks, and make whatever changes are action. Consult a lawyer if you doubt the form's fitness for yo sentation or warranty, express or implied, with respect to the me ded use or purpose.	appropriate and necessary to your particular nur purpose and use. Wolcotts makes no orchantibility or fitness of this form for an	☐ ATTORNEY IN FACT ☐ TRUSTEE(S) ☐ GUARDIAN/CONSERVATOR ☐ OTHER:
COTTS FORM 790 P1994 WOLCOTTS FORMS, INC. Rev. 3-94b (price claus 34.) 7	67775 3979	SIGNER IS REPRESENTING: (Name of Person(s) or Entitylies)
FE OF OREGON: COUNTY OF KLAMATH: ss.		
for record at request of Thomas W. I		10.1

11:49 o'clock_

A. M., and duly recorded in Vol. M98

Bernetha G. Letsch, County Clerk

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