

A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 8 day of October 1999 (year),by first party, Grantor, Miralee J. Ramirezcc. whose post office address is P.O. Box 1184, Chiloquin Oregon 97624to second party, Grantee, Felimon Ramirezwhose post office address is P.O. 1069 Chiloquin, Ore 97624

WITNESSETH, That the said first party, for good consideration and for the sum of
 Dollars (\$) paid by the said second
 party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim
 unto the said second party forever, all the right, title, interest and claim which the said first party
 has in and to the following described parcel of land, and improvements and appurtenances there-
 to in the County of Klamath Falls, State of Oregon to wit:

Lot 13 Block 5 Chiloquin Drive Addition to Chiloquin
in the county of Klamath Falls, State of Oregon

Code 12 map 3507-5AA-04700-000

AEHH (1)

Rev 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



0 53926 20040 5

\$35

40051

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Print name of Witness

Signature of Witness

Print name of Witness

Signature of First Party

Print name of First Party

Signature of First Party

Print name of First Party

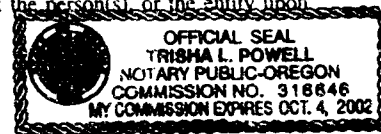
State of Oregon
County of Klamath

On October 7, 1999 before me, Trisha L. Powell
appeared

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.

Trisha L. Powell
Signature of Notary



Affiant ☐ Known ☒ Produced ID
Type of ID DL # 5712630 Exp. 12/13/01
(Seal)

State of _____)
County of _____
On _____ before me,
appeared

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

Affiant ☐ Known ☐ Produced ID
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

State of Oregon, County of Klamath
Recorded 10/08/99, at 10:58 a.m.
In Voi. M99 Page 40050
Linda Smith,
County Clerk Fee \$ 35.00