1999 OCT 26 AM 9:00

RECORDING REQUESTED BY

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

NAME D.C. Logreira

STREET ADDRESS P.O. Box 290673

CITY, STATE & ZIP CODE Phelan, CA 92329-0673

TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
Recorded 10/26/99, at 9:00 a.m.
In Vol. M99 Page 42596
Linda Smith,
County Clerk Fee$ 30.00

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

DAN C. EWING, TRUSTEE, THE GLADYS E. EWING FAMILY TRUST (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 DIANA C. LOGREIRA, A SINGLE WOMAN (NAME OF GRANTEE(S)),

the following described real property in the City of _____, County of KLAMATH, State of ORE:

PROPERTY DESCRIPTION —
MAP NO.: R-3313-02300-02400-000
KLAMATH FALLS FOREST ESTATES SYCAN UNIT,
BLOCK 17, LOT 4, N. 1100' OF E. 417.40',
ACRES 10.54

Assessor's parcel No. R-3313-02300-02400-000

Executed on SEPTEMBER 13, 1999, at DEERFIELD BEACH, FL (CITY AND STATE)

STATE OF FLORIDA

COUNTY OF BROWARD

Dan C. Ewing

DAN C. EWING, TRUSTEE
343 TIVOLI CIR. #104
DEERFIELD BEACH, FL

On 9-13-99 before me, CAROL A. ORLEAN (NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared DAN C. EWING 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.

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY) (SEAL)

CAROL A. ORLEAN
MY COMMISSION # CC 540799
EXPIRES: June 16, 2000
Bonded Thru Notary Public Underwriters

CAPACITY CLAIMED BY SIGNER(S)
☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S) _____ (TITLES)
☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

MAIL TAX STATEMENTS TO: _____

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

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