

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 92328-0673
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

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

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

STATE OF FLORIDA

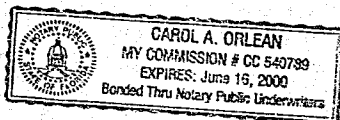
COUNTY OF BROWARD

On 9-13-99 before me, CAROL A. ORLEAN, Notary Public, I saw DAN C. EWING, TRUSTEE personally appear, 243 TIVOLI CTR. #104 DEERFIELD BEACH, FL

personally appeared DAN C. EWING 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) _____ (SEAL)



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 intended use or purpose.

WOLCOTTS FORM 790 ©1994 WOLCOTTS FORMS, INC. QUITCLAIM DEED Rev. 3-94b (price class 3A)



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)) _____