

NN

APR 21 PM 12:00

Vol M00 Page 13568STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for recording on _____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of this County.

Witness my hand and seal of County affixed.

NAME TITLE

By _____, Deputy.

SPACE RESERVED
FOR
RECORDER'S USE

LORI J. ROBERTS-HARRIS

10892 OAK ST. N. 101

LOS ALAMITOS, CA 90720

Grantor's Name and Address

ROBERT S. HARRIS

629 JEFFERSON ST.

KLAMATH FALLS, OR 97601

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

ROBERT S. HARRIS

629 JEFFERSON ST.

KLAMATH FALLS, OR 97601

Until requested otherwise, send all tax statements to (Name, Address, Zip):

SAME AS ABOVE

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that LORI J. ROBERTS-HARRIS

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto _____

ROBERT S. HARRIS

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in _____

KLAMATH

County, State of Oregon, described as follows, to-wit:

PROPERTY ID R412075 REAL ESTATE

MNR TAX LOT R-3809-03216-09300-000

LEGAL - KLAMATH FALLS 1ST ADDITION BLOCK 44 LOT 94 10 P&R

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$_____. [Ⓢ] However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☒ the whole (indicate which) consideration. [Ⓢ] (The sentence between the symbols [Ⓢ], if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on 1/10/00; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Lori J. Roberts-Harris

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____, by _____

This instrument was acknowledged before me on _____, by _____

as _____

of _____

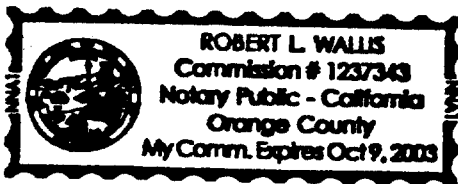
Notary Public for Oregon

My commission expires _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIF.County of ORANGEOn 2-11-00 before me, ROBERT L. WALLIS
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")personally appeared LORI J. ROBERTS - HARRIS
Name(s) of Signer(s)

☐ 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 Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

 RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

 RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: _____

 State of Oregon, County of Klamath
 Recorded 04/21/00, at 12:00 p.m.
 In Vol. M00 Page 13568

 Linda Smith,
 County Clerk Fee \$ 26.00