

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

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NAME James W. & Mary O. Harless

STREET ADDRESS 13506 Ave. Del Charro MAY -1 PM 12: 57

CITY, STATE & ZIP CODE El Cajon, CA. 92021

TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
Recorded 05/01/00, at 12:57 p.m.
In Vol. M00 Page 15455
Linda Smith,
County Clerk Fee \$ 21⁰⁰

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

James W. & Mary O. Harless, husband and wife

(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 James W. & Mary O. Harless, trustees of the Harless family trust
(NAME OF GRANTEE(S))
the following described real property in the City of _____, County of Klamath, State of OR:

Lot #9 Block 34 First addition to Klamath Falls Forest Estates according to Map No. R-3510-028A0-00700-000, filed in the Office of the Klamath County Planning Commission

Assessor's parcel No. _____

Executed on APR 26 2000, at LA MESA CA

STATE OF California

COUNTY OF San Diego

On APR 26 2000

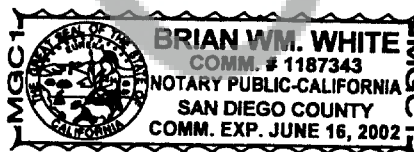
James W. Harless
James W. Harless

Mary O. Harless
Mary O. Harless

RIGHT THUMBPRINT (Optional)

WITNESS my hand and official seal.

[Signature]
(SIGNATURE OF NOTARY) (SEAL)



James W. & Mary O. Harless
MAIL TAX STATEMENTS TO: 13506 Ave. Del Charro El Cajon, CA. 92021

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.

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



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CAPACITY CLAIMED BY SIGNER(S)
☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S)

☐ PARTNER(S) ☐ LIMITED ☐ GENERAL

☐ ATTORNEY IN FACT
☒ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

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