

200 MAY -5 AM 11: 32

A298-10
R298-04

MTC 50886-MS
QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 10thday of April 2000 (year),

by first party, Grantor,
Steven C. Swisher
whose post office address is

to second party, Grantee, Philip K. Swisher and Lana A. Swisher, husband and wife,
and Mildred Mae Swisher, all with rights of survivorship
whose post office address is
2825 Eastmount Street, Klamath Falls, OR 97601.

WITNESSETH, That the said first party, for good consideration and for the sum of
OTHER THAN MONEY 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, State of oregon to wit:

Lot 5 in Block 3 of EASTMOUNT, according to the official plat thereof on
file in the office of the County Clerk of Klamath County, Oregon

ABAA (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.
After recording, return to:

Philip K. Swisher
2825 Eastmount Street
Klamath Falls, OR 97601



26.00
m

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:

Diane D. Shelly
Signature of Witness

DIANE D. SHELLEY
Print name of Witness

Steven C. Swisher
Signature of First Party

STEVEN C. SWISHER
Print name of First Party

Signature of Witness

Print name of Witness

Signature of First Party

Print name of First Party

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

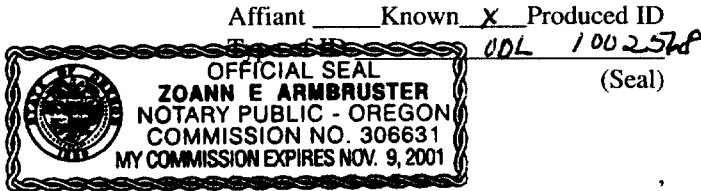
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Zoann E. Armbruster
Signature of Notary

State of Oregon }
County of Deschutes
On 4-10-00 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.

Zoann E. Armbruster
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 05/05/00, at 11:32 a.m.
In Vol. M00 Page 16262
Linda Smith,
County Clerk Fee\$ 26.00