

200 MAY 22 PM 12:37

RECORDING REQUESTED BY

Vol M00 Page 18454AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:State of Oregon, County of Klamath
Recorded 05/22/00, at 12:37 p.m.
In Vol. M00 Page 18454
Linda Smith,
County Clerk Fee \$ 21.00NAME G. Max Vogt
STREET ADDRESS PO Box 2532
CITY, STATE & ZIP CODE Nevada, City CA 95959
TITLE ORDER NO. _____ ESCROW NO. _____

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

Gregory MAX VOGT

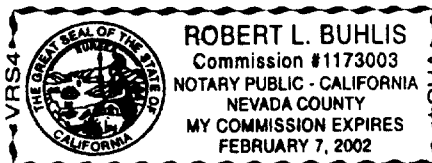
(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and
forever quitclaim to G. MAX VOGT and Pamela Givens Living Trust

(NAME OF GRANTEE(S))

the following described real property in the City of Chiloquin, County of Klamath, State of OR:2730 Sprague River Road
Chiloquin, Oregon
lot # 700Twp 34 Rnge 7,
Block Sec. 35,
Tract POR N2, Acres
3.67.Assessor's parcel No. R-3407-035A0-00700-000Executed on May 17, 2000, at Nevada City CA 95959
Gregory Max Vogt
(CITY AND STATE)STATE OF CALIFORNIACOUNTY OF NEVADARobert L. Buhlis
Notary PublicOn 17 May 2000 before me,personally appeared GREGORY MAX VOGT 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.

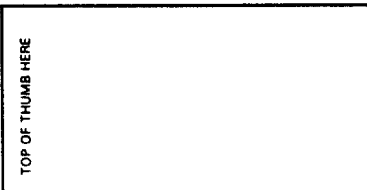
Robert L. Buhlis
(SIGNATURE OF NOTARY) (SEAL)

MAIL TAX

STATEMENTS TO: G. MAX VOGT & Pamela Givens
POB 2532 Nevada City CA 95959Before 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)

7 67775 39790 1

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☒
- INDIVIDUAL(S)
-
- ☐
- CORPORATE OFFICER(S) (TITLE)
-
- ☐
- PARTNER(S)
- ☐
- LIMITED GENERAL
-
- ☐
- ATTORNEY IN FACT
-
- ☐
- TRUSTEE(S)
-
- ☐
- GUARDIAN/CONSERVATOR
-
- ☐
- OTHER:

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))