

A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 14 day of June, 2000 (year),
by first party, Grantor, CAROLYN E. WILBURN
whose post office address is P.O. BOX 374 MIDLAND OR 97634
OC to second party, Grantee, WILLARD G. WILBURN
whose post office address is P.O. BOX 492 BLY OR 97622

WITNESSETH, That the said first party, for good consideration and for the sum of
Dollars (\$ 3,000) 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 OR. to wit:

LOT 3 IN BLOCK 8 TRACT 1093 PINCREST.

ZZHH (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.



0 53926 20040 5

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:

Signature of Witness

Print name of Witness

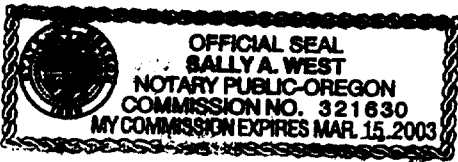
Carolyn E Wilburn
Signature of First Party

Carolyn E Wilburn
Print name of First Party

STATE OF OREGON,
County of Klamath } ss.

BE IT REMEMBERED, That on this 14th day of June, 2000,
before me, the undersigned, a Notary Public in and for the State of Oregon, personally appeared the within
named WILBURN, Carolyn E
known to me to be the identical individual..... described in and who executed the within instrument and
acknowledged to me that she.....executed the same freely and voluntarily.

FORM No. 23—ACKNOWLEDGMENT.
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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
my official seal the day and year last above written.
Sally A. West
Notary Public for Oregon
My commission expires Mar. 15, 2003

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.

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 06/14/00, at 12:17 P m.
In Vol. M00 Page 21583
Linda Smith,
County Clerk Fee \$ 26.00