	WHEN RECORDED MAIL TO	ZW	AUG -	l	AM 9: 53
Name N	MARIE MCCOY	٦			J
Street	9836 FOSTER ROAD				161 Mag n 28050
Address	BELLFLOWER, CA. 90706				Vol_MOD_Page 28059
City & State	1	ً لـ			
	MAII VAN SVATEMENTS TO				State of Oregon, County of Klamath Recorded 08/01/00, at <u>9:53 a</u> m.
	MAIL TAX STATEMENTS TO	٦			In Vol. M00 Page <u>28059</u>
Name					Linda Smith,
Street Address	SAME AS ABOVE				County Clerk Fee\$_2/
City &					
State	L	الـ			SPACE ABOVE THIS LINE FOR RECORDER'S USE
	Individual Quitclaim Deed				
	The undersigned grantor(s) declare(s):				•
	Documentary transfer tax is \$0				
) computed on full value of property conveyed, or) computed on full value less value of liens and encumbrances remaining at time of sale. 				
	(XX) Unincorporated area: () City of, and				
	FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, MARIE McCOY				
	hereby REMISES, RELEASES AND QUITCLAIMS to MARIE MCCOY, TRUSTEE OF THE MARIE MCCOY				
	LIVING TRUST DATED 11 25, 2000.				
	the following described real property in the City of				
	County of KLAMATH , State of XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	THE NW $\frac{1}{4}$ OF THE SE $\frac{1}{4}$ OF SECTION 21, TOWNSHIP 35 SOUTH, RANGE 10 EAST OF THE				
	WILLAMETTE MERIDIAN, IN THE COUNTY OF KLAMATH AND STATE OF OREGON. 40 ACRES				
	AIN # R-3510- 021D0-	001	00-000		COMMON ADDRESS LAND
	Map Book Page F	arcel	-		
	Dated: Off 25, 2000				maria melan
	Sales Good Park			_	MARIE MCCOY
	STATE OF CALIFORNIA COUNTY OF LOS ANGELES	SS.			
	Dull az azas				
	On Marie McCOY			,	
	personally appeared PHATE MCCOT	<u></u>			
					J. Elizabeth Oliver
	personally known to me (or proved to me on the basis o	· · · · · · · · · · · · · · · · · · ·	aron, avide	, co)	LOS ANGELES COUNTY
	to be the person(s) whose name(s) is/are subscribed to	the wit	hin instrum	ent	W HODE
	and acknowledged to me that he/she/they executed the authorized capacity(ies), and that by his/her/their	signat	ture(s) on	the	
	instrument the person(s), or the entity upon behalf o acted, executed the instrument.	which	the person	n(s)	
	WITNESS my hand and official seal.				
	Sam Allagorth William				
	Signature Multiple Ch. Com				(This area for official notarial scal)
	· · · · · · · · · · · · · · · · · · ·				·