

RECORDING REQUESTED BY

Vol M00 Page 35983AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:State of Oregon, County of Klamath
Recorded 10/02/00, at 9:42 a.m.
In Vol. M00 Page 35983
Linda Smith,
County Clerk Fee\$ 21.00

NAME Madelyn Lynch
STREET ADDRESS PO Box 21256
CITY, STATE & ZIP CODE Concord, CA 94521-0256
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

Mattie C Lynch
(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 David A. Lynch

(NAME OF GRANTEE(S))
the following described real property in the City of Sprague River County of Klamath, State of OR:

Block 75, Lot 23, Addition 7
(Sprague River Valley Development)
(Himrod River Park)

Assessor's parcel No. _____

Executed on _____, at _____
(CITY AND STATE)

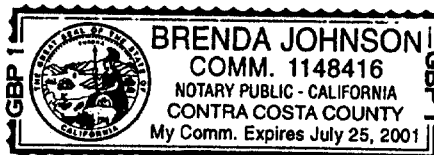
STATE OF CaliforniaCOUNTY OF Contra Costa

On July 14, 1998 before me, Brenda Johnson, Notary Public
(NAME/TITLE, e.g., "JANE DOE, NOTARY PUBLIC")

personally appeared Mattie C. Lynch 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.

Brenda Johnson
(SIGNATURE OF NOTARY) (SEAL)



MAIL TAX
STATEMENTS TO: _____

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.

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QUITCLAIM DEED Rev. 3-94b (price class 3A)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

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

SIGNER IS REPRESENTING:

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