A
QUIFCLAIM DEED
NOW ALL MEN BY THESE PRESENTS, That JOHH WESTON JR
, hereinafter called grantor
or the consideration hereinalter stated, does hereby remise, release and quitclaim unto
ereinafter called grantee, and unto grantee's heirs, succesors and assigns all of the grantor's right, title and interes that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any ay appertaining, situated in the County of
SECTION 33: LOTIO WORDEN SUBDIVISON,
BLOCK 20, R-4008-033BA-00801
TAXLOT ACCOUNT R884409

	•	
HE SPACE INSHEFICIE	NT, CONTINUE DESCRIPTION ON	J PEVEDSE SIDE!
To Have and to Hold the same unto the	•	•
The true and actual consideration paid if		
©However, the actual consideration consists of		
the whole part of the consideration (indicate which). ©(The sen		
In construing this deed, where the conte	ert so requires the sind	ular includes the plural and all grammati
changes shall be made so that this deed shall as	only equally to corporat	tions and to individuals
In Witness Whereof, the grantor has execu	sted this instrument this	5 day of JULY
if a corporate grantor, it has caused its name to	be signed and its seal,	if any, affixed by an officer or other per
duly authorized thereto by order of its board of	directors & A	
THE METHOD REPORT WHILE MOT ALLOW HEE OF THE DROPERTY DESCRIP		A Westo >
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRII Instrument in violation of applicable land use laws and rei		
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACC TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY	UIRING FEE	
PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETE	RMINE ANY	
LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DRS 30,930.		
STATE OF OREGON, C		
•	_	me on, 19
by		
This instrument w	as acknowledged before	me on, 19
_		
MI PARE SEE ATTACHED		
CHARLES SEE AL LEGANIA		
CIRKEN COM	***************************************	Notary Public for Ore
WINE LAND	My commission	n expires
		STATE OF OREGON, /
		County of
		I certify that the within instrum
Grantor's Name and Address		was received for record/on the
OHM WESTON JA.		of
SBBY SAH PABLO DAM ROAD		o'clockM., and recorded
L SOBRANTE, CA, 94803-3561		book/reel/volume Noon p
Grantee's Name and Address	SPACE RESERVED FOR	and/or as fee/file/inst
fler recogning return to (Name, Address, ZIp):	RECORDER'S USE	ment/microfilm/reception No
6767 TINGLEY LANGER	a	Record of Deeds of said County.
KLAMATH FALLS, OR 97603	'	Witness my hand and seal
		County affixed.
Intil requested otherwise send all tay statements to illume Address Tiels		/
Intil requested otherwise send all tax statements to (Name, Address, Zip):		/
Intil requested otherwise send all tax statements to (Name, Address, Zip):		NAME TITE
Intil requested otherwise send all tax statements to (Name, Address, Zip):	·	
Intil requested otherwise send all tax statements to (Name, Address, Zip):	·	
Intil requested otherwise send all tax statements to (Name, Address, Zip):		By, Depu

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

<u>ŶĊŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶĠŶ</u>	<u> </u>
State of California	}
County of Comma Costa	ss.
On July 5 2000, before me, personally appeared Sonn We	Name and Title of Officer (e.g., "Jane Doe, Notary Public") STON Name(s) of Signer(s)
	 □ personally known to me ☑ proved to me on the basis of satisfactory evidence
ARMA ATKINS Z COMM. #1212463 NOTARY PUBLIC - CALIFORNIA J CONTRA COSTA COUNTY My Comm. Expires MAR 06, 2003	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.
Place Notary Seal Above	Signature of Notary Fabilic
OPT	TIONAL —————
Though the information below is not required by law,	it may prove valuable to persons relying on the document reattachment of this form to another document.
Description of Attached Document Title or Type of Document:	17 CLAIM DEED
Document Date: 7-5-00	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer Signer's Name: Sohn Wesfo	an Jr. RIGHT THUMBPRINT
☐ Individual	OF SIGNER Top of thumb here
☐ Corporate Officer — Title(s):	
☐ Attorney in Fact	
☐ Trustee	
☐ Guardian or Conservator ☐ Other:	
Signer Is Representing:	