Return to: (enclose self-addressed stamped envelope)

This Instrument Prepared by:

200 DEC -4 Fil 1: 28

Property Appraisers Parcel Identification

Grantec[s] S.S. # (s)

Vol MOO Page

State of Oregon, County of Klamath Recorded 12/04/00, at 1:28 p.m. In Vol. M00 Page 43546

1	County Clerk Fee\$ 3/00
SPACE ABOVE THIS LINE FOR PROCESSING DATA	SPACE ABOVE THIS LINE FOR RECORDING DATA
This Quit Claim Beed, Executed the f	ourteenth day of November 2000, b
Wayne C. and Cynthia A.Stewart	
first party, toJeraldine L. Stewart whose post office address is118 Iowa Street.	Klamath Falls, Oregon 97601
second party.	KTWHEET TETTS OF COOK
(Wherever used herein the terms "first party" and "second party" include all the pa successors and assigns of corporations, wherever the context so admits or requires.)	arties to this instrument and the heirs, legal representatives, and assigns of individuals, and t )
Witnesseth, That the first party, for and in con.	sideration of the sum of \$
•	hereof is hereby acknowledged, does hereby remise, releas
	e right, title, interest, claim and demand which the said fir r parcel of land, situate, lying and being in the County of of Oregon
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Lot 3, Block 14 North Klamath Falls t	o the City of Klamath Falls
200 0, 5100K 11 HOLOK KIAMAON VALLE	o the oregion knamesh rails
·	
To Have and to Hold The same together	with all and singular the appurtenances thereunto belonging
	title, interest, lien, equity and claim whatsoever of the sai
first party, either in law or equity to the only proper us	e, benefit and behoof of the said second party forever.
In Witness Whereof, the said first party	y has signed and sealed these presents the day and year fir.
above written.	
Signed, sealed and delivered in the presence of:	
Ruth ann Waring	
Witness Signature (as to first Grantor)	
7	Grantor Stenature
RUTH ANN WARING	Granor Signature  WALVE C. STEWART
Printed Name	WAUNE C. STEWART Printed Name
Fleneviere & De Seulnin	WALLE C. STEWART  Printed Name  5020 CARSFREELN. MELB FLA 32904
Printed Name  Heneviere E de Seulmin  Witness Signature (as to first Grantor)	WAUNE C. STEWART Printed Name
Printed Name  Heneviere & De Seulmin  Witness Signature (as to first Grantor)  GENEULEUE & EDE SAULIVIER	WALLE C. STEWART  Printed Name  5020 CARSFREELN. MELB FLA 32904
Printed Name  Henevere E de Leulmin  Witness Signature (as to first Grantor)  GENEULEUE E DE SAULNUZI  Printed Name	WALLE C. STEWART  Printed Name  5020 CARSFREELN. MELB FLA 32904
Printed Name  Heneviere & Jo Sulmin  Witness Signature (as to first Grantor)  GENEVIEUE & DE SAULVIZI  Printed Name  Ruth Son Waring	WALLE C. STEWART  Printed Name  5020 CARSFREELN. MELB FLA 32904
Printed Name  Heneviere E de Seulmin  Witness Signature (as to first Grantor)  GENEULEUE E DE SAULNUZI  Printed Name  Puth Ann Waring  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING	DAUSE C. STEWART  Printed Name  5020 CARSFREELN. MELB Fla 32904  Post Office Address  Cynthia a Stewart
Printed Name  Heneviere E de Seulmin  Witness Signature (as to first Grantor)  GENEULEUK E DE SAULNUZI  Printed Name  Puth In Waring  Witness Signature (as to Co-Grantor, if any)  RUTH ANNI WARING	WAUVE C. STEWART  Printed Name  5020 CANSFREELN. MELB Fla 32904  Post Office Address  Cynthia a Stewart
Printed Name  Hensurere E de Seulmin  Witness Signature (as to first Grantor)  GENEULEUE E DE SAULIVIEN  Printed Name  Puth Ann Waring  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  Heneview & De Saulnin	Printed Name  5020 CANSEREELN. MELE Fla 32904  Post Office Address  Cynthia a Stlwart  Co-Greator Signature, (if any)  Cynthia A. Stewart  Printed Name  3000 Carefree Ln. Melb, Fl. 3090
Printed Name  Heneviere E de Seulmin  Witness Signature (as to first Grantor)  GENEULEUE E DE SAULIVIEN  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  Heneviere E De Saulivie  Witness Signature (as to Co-Grantor, if any)  Witness Signature (as to Co-Grantor, if any)	Printed Name  5020 CANSEREELN. MELE Fla 32904  Post Office Address  Cynthia a Stewart  Co-Greator Signature, (if any)  Cunthia A. Stewart
Printed Name  Heneviere E de Seulmin  Witness Signature (as to first Grantor)  GENEULEUE E DE SAULNUR!  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  Heneviere E De Saulnin  Witness Signature (as to Co-Grantor, if any)  GENEULEUE E. DE SAULNIEN	Printed Name  5020 CANSEREELN. MELE FLA 32904  Post Office Address  Cynthia a Stewart  Co-Greator Signature, (if any)  Cynthia A. Stewart  Printed Name  3000 Carefree Ln. Melb, Fl. 32904
Printed Name  Witness Signature (as to first Grantor)  GENEULEUR E DE SAULNIRA  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  Witness Signature (as to Co-Grantor, if any)  GENEULEUR E. DE SAULNIEN  Printed Name  GENEULEUR E. DE SAULNIEN  Printed Name	Printed Name  5020 CANSEREELN. MELE FLA 32904  Post Office Address  Cynthia a Stewart  Co-Greator Signature, (if any)  Cynthia A. Stewart  Printed Name  3000 Carefree Ln. Melb, Fl. 32904
Printed Name  Heneviere E de Seulmin  Witness Signature (as to first Grantor)  GENEULEUK E DE SAULIVIEN  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANNI WARING  Printed Name  Heneviere E De Saulnie  Witness Signature (as to Co-Grantor, if any)  CRNEULEUE E. DE SAULNIEN  Printed Name  STATE OF Flori DA  )	Printed Name  JO20 CAMSTREELN. MELE Fla 32904  Post Office Address  Co-Gradice, Signature, (if any)  Cunthic A. Steunst  Printed Name  3000 Carefree Ln. Melb, Fl. 33909  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorize
Printed Name  State of the State of Sta	Printed Name  JOJO CANSFREELN. MELE Fla 32904  Post Office Address  Co-Grantor, Signature, (if any)  Curthic A. Stewart  Printed Name  3000 Carefree Ln. Melb, Fl. 30909  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorize to administer oaths and take acknowledgments, personally appeare
Printed Name  State (as to first Grantor)  Witness Signature (as to first Grantor)  GENEUIEUE E DE SAULIVIEN  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  Witness Signature (as to Co-Grantor, if any)  GENEUIEUE E DE SAULNIEN  Witness Signature (as to Co-Grantor, if any)  GENEUIEUE E. DE SAULNIEN  Printed Name  STATE OF FORIDA  COUNTY OF BREUARD  known to me to be the person_5_ described in and who executed	Printed Name  SOJO CANGEREELN. MELE Fla 32904/ Post Office Address  Co-Grantor, Signature, (if any)  Co-Grantor, Signature, (if any)  Printed Name  3000 Carefree Ln. Melb, Fl. 30909  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorize to administer oaths and take acknowledgments, personally appeared the foregoing instrument, who acknowledged before me that THEY
Printed Name  State (as to first Grantor)  GENEULEUE E DE SAULOURSE  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  State (as to Co-Grantor, if any)  GENEULEUE E DE SAULOUR  Witness Signature (as to Co-Grantor, if any)  GENEULEE E DE SAULOUR  Printed Name  STATE OF FlorIDA  COUNTY OF BREUARD  known to me to be the person 5 described in and who executed executed the same, and an oath was not taken. (Check one:)   Saulour  State (Check one:)   Saulour	Printed Name  SOJO CANSFREELN. MELE Fla 32904  Post Office Address  Co-Grantor, Signature, (if any)  Printed Name  3000 Carefree Ln. Melb, Fl. 30904  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared the foregoing instrument, who acknowledged before me that  They aid person(s) is/are personally known to me. A Said person(s) provided the
Printed Name  **Heneviere & Jo Saulmin  Witness Signature (as to first Grantor)  **GENEULEUR & DE SAULNUZA  Printed Name  **RUTH ANN WARING  Printed Name  ***HENEVIER & DE SAULNUZA  Witness Signature (as to Co-Grantor, if any)  **GENEULEUR & DE SAULNUM  Witness Signature (as to Co-Grantor, if any)  **GENEULEULE & DE SAULNUM  Printed Name  ***STATE OF 7/ORIDA  COUNTY OF BREVARD  **  **Known to me to be the person 5 described in and who executed executed the same, and an oath was not taken. (Check one:)   Sa following type of identification:  **PATO 1 D FL DL.**	Printed Name  SOJO CAMSTERELN. MELE Fla 32904  Post Office Address  Co-Greator, Signature, (if any)  Co-Greator, Signature, (if any)  Printed Name  3000 Carefrey Ln. Mylb, Fl. 30909  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared to administer oaths and take acknowledgments, personally appeared the foregoing instrument, who acknowledged before me that  THEY  aid person(s) is/are personally known to me. A Said person(s) provided the S-363-883-59-298-0 J 5363-119-10-839-1
Printed Name  Standard (as to first Grantor)  Witness Signature (as to first Grantor)  Printed Name  Printed Name  Witness Signature (as to Co-Grantor, if any)  RUTH ANN WARING  Printed Name  Witness Signature (as to Co-Grantor, if any)  GENEUI EUE E. DE SAULNIEN  Printed Name  STATE OF Florida )  COUNTY OF BREUARD  known to me to be the person described in and who executed executed the same, and an oath was not taken. (Check one:) Safollowing type of identification:  NOTARY RUBBER STAMP SEAL	Printed Name  JOJO CAMSTREELN. MELE F/A 32904  Post Office Address  Co-Gradior, Signature, (if any)  Co-Gradior, Signature, (if any)  Printed Name  3000 Carefree Ln. Mrlb, F/. 30904  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorize to administer oaths and take acknowledgments, personally appeare  I the foregoing instrument, who acknowledged before me that  THEY  aid person(s) is/are personally known to me. Said person(s) provided the  5-363-883-59-298-0 + 5363-119-60-839-6  Witness my hand and official seal in the County and State last aforesaid
Printed Name  **Heneviere & Jo Saubrin  Witness Signature (as to first Grantor)  GENEULEUE E E DE SAULIVIER  Printed Name  **Witness Signature (as to Co-Grantor, if any)  RUTH ANNI WARING  Printed Name  **Witness Signature (as to Co-Grantor, if any)  GENEULE & DE SAUBRIN  Witness Signature (as to Co-Grantor, if any)  GENEULE & DE SAUBRIN  Printed Name  STATE OF 7/ORIDA  COUNTY OF BREVARD  known to me to be the person_5_ described in and who executed executed the same, and an oath was not taken. (Check one:)   Sa following type of identification:  **PROPORTED TO FLOTE.**    Printed Name   Photo 10 FL 01.	Printed Name  JOJO CAMSTREELN. MELE F/A 32904/ Post Office Address  Co-Gradios Signature, (if any)  Co-Gradios Signature, (if any)  Printed Name  3000 Carefree Ln. Melb, F/. 30909  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared to the foregoing instrument, who acknowledged before me that  THEY  aid person(s) is/are personally known to me. Said person(s) provided the S-363-883-59-298-0 + 5363-119-10-839-1.  Witness my hand and official seal in the County and State last aforesaid

Notary Signature

GENEVIEUE E DESAULNIEN

Printed Name

My Commission CC86597
Expires August 31, 2003