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QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this /8 th day of December, 2000 (year), by first party, Grantor, Charles D. Hescock and Blanche a. Hescock whose post office address is P.O. Box 85 2 Chiloguin, OR. 97624 to second party, Grantee, Steve Larson whose post office address is 4150 Balsam M. Klamath Falls, OR. 97601

WITNESSETH, That the said first party, for good consideration and for the sum of Forty rime hundred & twenty—& 97/100 Dollars (\$4920.97) 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 thereto in the County of Khamtha, State of Pleson to wit:

to in the County of Klamath, State of Oregon to wit: Let 8, Block 4, Original town of Chilogain, Klamath Counts, Oregon

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Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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:	
hoan K Anderson Signature of Witness	Blanch Alocock Signature of First Party
Lean K Anderson Print name of Witness	Print name of First Party
Signature of Witness	Charles New Signature of First Party
Print name of Witness	Charles Hescock Print name of First Party
State of County of Charles appeared Blanche Heseock and Charles personally known to me (or proved to me on the basis of sa is/are subscribed to the within instrument and acknowledged authorized capacity(ies), and that by his/her/their signature(behalf of which the person(s) acted, executed the instrument WITNESS my hand and official seal.	to me that he/she/they executed the same in his/her/their (s) on the instrument the person(s), or the entity upon
an 2. sodotto	
Signature of Notary	AffiantKnownProduced ID Type of ID_OR Dowers Access
State of County	tisfactory evidence) to be the person(s) whose name(s) to me that he/she/they executed the same in his/her/their (s) on the instrument the person(s), or the entity upon
tant s moltifle	
Signature of Notary OFFICIAL REAL	Type of ID Clares License (Seal)
MAY E. DOOLITTLE NOTARY PUBLIC-OREGON COMMISSION NO. 318808 MY COMMISSION EXPIRES SER 13, 2002	Signature of Preparer
	Print Name of Preparer
	Address of Preparer
(2)	Abo hadden of this page at the datted line
If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.	

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