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LF298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 10th day of August, 2001(year),

by first party, Grantor, KALI K. BOWEN whose post office address is 3447 QUARRY ST., KLAMATH FALLS, OR. 97601 05 to second party, Grantee, STUART G. BOWEN whose post office address is 3447 QUARRY ST., KLAMATH FALLS, OR. 97601

WITNESSETH, That the said first party, for good consideration and for the sum of

Dollars (\$) 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 , State of

CHELSEA, BLOCK 23, LOT 1 ALSO VAC 10' QUARRY ST. ANT-

IN WITNESS WHEREOF, The said first party has si first above written. Signed, sealed and delivered in pre	gned and sealed these presents the day and year
That above written, orgined, sealed and derivered in pre-	
Signature of Witness	Signature of First Party
	Kali K. Bowen Signature of First Party Kali K. Bowen Print name of First Party
Print name of Witness	Print name of First Party
Signature of Witness	Signature of First Party
Print name of Witness	Print name of First Party
State of Original County of Blamatte On Aug. 10, 2001 before me, Fall appeared personally known to me (or proved to me on the basis whose name(s) is/are subscribed to the within instrume executed the same in his/her/their authorized capacity(instrument the person(s), or the entity upon behalf of www.WITNESS my hand and official seal.	of satisfactory evidence) to be the person(s) ent and acknowledged to me that he/she/they les), and that by his/her/their signature(s) on the
OFFICIAL SEAL SALLY A. WEST NOTARY PUBLIC-OREGON COMMISSION NO. 321630 MY COMMISSION EXPIRES MAR. 15, 2003	AffiantKnownProduced ID Type of ID(Seal
County of	
On before me,	,
appeared personally known to me (or proved to me on the basis of whose name(s) is/are subscribed to the within instrume executed the same in his/her/their authorized capacity(is instrument the person(s), or the entity upon behalf of w WITNESS my hand and official seal.	nt and acknowledged to me that he/she/they es), and that by his/her/their signature(s) on the
Signature of Notary	AffiantKnownProduced ID
	Type of ID
	(Seal)
	Signature of Preparer
State of Oregon, County of Klamath Recorded 08/10/01 at 2:16 p.m.	Print Name of Preparer
In Vol. M01 Page 40314 Linda Smith,	Address of Preparer
County Clerk Fee\$ 26 - Page 2	