LF298CA-04

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QUITCLAIM DEED

PHILIP WARREN REED

THIS QUITCLAIM DEED, executed this 20 day of August, 200/ (year),

whose post office address is 3ANTA CLARITA, CALIF., 91321

to second party, Grantee, SYLV/A LAMONCA

whose post office address is 38504 SANGLYN Rd #45

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

FOUR HUNCRED 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 LOS ANGELES

TAX LOT NUMBER: R-3507-006AD-06400,

TAX LOT NUMBER: R-225991

3 SPACE H 36 CARDOZA.

LOCA TION SPORTSUAND LANK, Oregon Shores Trace 1053 Block 13

BLOCK#13.

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Rev. 03/01

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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:

·	Thily Warrent Cord
Signature of Witness	Signature of First Party
Print name of Witness	PHILIP WARREN REED Print name of First Party
Signature of Witness	Signature of First Party
Print name of Witness	Print name of First Party Philip WARREN REED
	Signature of Preparer PHICIP WARRING REEV)
	Print Name of Preparer 19216 NUE OF THE OAKS # D Address of Preparer SANTH CLAPATH, CAP. 9132/
	Address of Preparer SANTII CLAILITH, CH. 9132/

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	1
State of Samonia	ss.
County of	J
On 8-20-01, before me, _	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appearedPhi	Name(s) of Signer(s)
	personally known to me proved to me on the basis of satisfactory evidence
CATHERINE L. GARY Commission # 1293974 Notary Public - California Las Angeles County My Comm. Expires Feb 9, 2005	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(e), or the entity upon behalf of which the person(e) acted, executed the instrument.
Place Notary Seal Above	WITNESS my hand and official seal. Signature of Notary Public
A A A A A A A A A A A A A A A A A A A	
Though the information below is not required by la	PTIONAL aw, it may prove valuable to persons relying on the document and reattachment of this form to another document.
Description of Attached Document	
Title or Type of Document: Suit LIA	FIM DEED TO SYlva LAMONDA
Document Date: 8-20-01	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Signer's Name:	OF SIGNER
☐ Corporate Officer — Title(s):	Top of thumb here
☐ Partner — ☐ Limited ☐ General	
Attorney in Fact	
☐ Trustee	
Guardian or Conservator	
g 🗆 Other:	
☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Signer Is Representing:	
X O	State of Oregon, County of Klamath
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•	Linda Smith, County Clerk Fee\$ 3/9