RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME DONALD G. FRALEY STREET P.O. BOX 782

CITY, STATE & VICTORVILLE, CA 92393-ZIP CODE

W MO1 Page 48561

State of Oregon, County of Klamath Recorded 09/25/01 at 8:08a m. In Vol. M01 Page 4856/ Linda Smith, County Clerk

TITLE ORDER NO._ ESCROW NO. SPACE ABOVE THIS LINE FOR RECORDER'S USE **DOCUMENTARY TRANSFER TAX \$** □ computed on full value of property conveyed, or QUITCLAIM DEED ☐ computed on full value less liens and encumbrances remaining at time of sale. Signature of Declarant or Agent Determining Tax Firm Name GERALD L. LAWRENZ AND DANIELLE LAWRENZ (NAME OF GRANTOR(SI) the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do_hereby remise, release and DONALD G. FRALEY forever quitclaim to , County of KLAMATH the following described real property in the City of LOT 48, BLOCK 32 FIRST ADDITION TO KLAMATH FOREST ESTATES, IN THE COUNTY OF KLAMATH, STATE OF OREGON Assessor's parcel No. 2001, at HESPERIA CALIFORNIA AUGUST 28 Executed on (CITY AND STATE) CALIFORNIA STATE OF COUNTY OF SAN BERNARDINO On 08/28/01 before me, DIANA L. MORALES RIGHT THUMBPRINT (Optional) personally appeared GERALD L. LAWRENZ AND DANIELLE LAWRENZ AND DANIELLE LAWRENZ COLUMN LAWRENZ LAWRENZ known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) THUMB HERE 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 pro hand and official seal. (SIGNATURE OF NOTARY)

DIANA L. MORALES Comm. # 1251204 NOTARY PUBLIC-CALIFORNIA San Bernardino County My Comm. Expires Jan. 23, 2004

MAIL TAX	DONAL	
STATEMENTS TO:	P.O.	В

782 VICTORVILLE, CA 92393-0782

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

FRALEY

WOLCOTTS FORM 790 QUITCLAIM DEED

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G.



CAPACITY CLAIN	MED BY SIGNER(S)
☐ INDIVIDUAL(S))
☐ CORPORATE	
OFFICER(S)	
	(TITLES)
☐ PARTNER(S)	LIMITED
	□ GENERAL
☐ ATTORNEY IN	FACT
☐ TRUSTEE(S)	
☐ GUARDIAN/CC	NSERVATOR

☐ OTHER: SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies)

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