

'01 OCT 9 PM 1:08

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Vol. M99 Page 31969

1999 AUG -9 PM 2:09

State of Oregon, County of Klamath  
Recorded 8/09/99, at 2:09 A.m.  
In Vol. M99 Page 31969  
Linda Smith,  
County Clerk Fee \$ 35.00 SW

State of Oregon, County of Klamath  
Recorded 10/08/01 at 1:08 A.m.  
In Vol. M01 Page 51309  
Linda Smith,  
County Clerk Fee \$ 10.00 RR

A298-10  
R298-04

## QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 4<sup>th</sup> day of August, 1999 (year),

by first party, Grantor, GERVIEVE BURGESS GRAY

whose post office address is 1405 Summers Lane  
Klamath Falls, Oregon 97603

to second party, Grantee, DONALD L. CASE

whose post office address is 1405 Summers Lane  
Klamath Falls, Oregon 97603

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

— 0 —

Dollars (\$ 00 ) 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 there-

to in the County of Klamath State of OREGON to wit:

\* Re - Recording to correct legal description,

The west 171 feet of lot B  
3809-3500-1400

Empire Tracts Lot B Part, Acres 0.21 MPT 47/003  
1405 SUMMERS LANE  
Klamath Falls, OR 97603

300A 06  
10-RR

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:

\_\_\_\_\_  
Signature of Witness

Genevieve D. Gray  
Signature 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

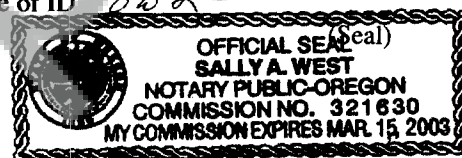
State of Oregon )  
County of Clatsop

On Aug. 9, 1999 before me,  
appeared Genevieve Burgess Gray

personally known to me (or proved to me on the basis of satisfactory evidence) 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(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

Sally A. West  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID DD L



State of \_\_\_\_\_ )  
County of \_\_\_\_\_

On \_\_\_\_\_ before me,  
appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) 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(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_ (Seal)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Print Name of Preparer

\_\_\_\_\_  
Address of Preparer