

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS  
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:Vol M01 Page 55994

NAME LILLIAN E. MARKOVICH  
 STREET ADDRESS 14555 MESA ST.  
 CITY, STATE & ZIP CODE HESPERIA, CA. 92345  
 TITLE ORDER NO. \_\_\_\_\_ ESCROW NO. \_\_\_\_\_

State of Oregon, County of Klamath  
 Recorded 11/01/01 8:55a m.  
 In Vol. M01 Page 55994  
 Linda Smith,  
 County Clerk Fee \$ 21.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ 0  
☐ computed on full value of property conveyed, or  
☐ computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax \_\_\_\_\_ Firm Name \_\_\_\_\_

MARIA MASLOFF

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to LILLIAN E. MARKOVICH  
 the following described real property in the City of KLAMATH, County of KLAMATH, State of OR:

## PROPERTY DESCRIPTION:

TWP 31 RNGE 7, BLOCK SEC 16, TRACT N 2 SE 4 SE 4 NW 4 LOT 1  
 ACRES 5.22

Assessor's parcel No. MAP NO. R-3107-01600-00900-000

Executed on OCTOBER 28, 2001, at HESPERIA CALIF.  
 (CITY AND STATE)

STATE OF CALIFORNIACOUNTY OF SAN BERNARDINO

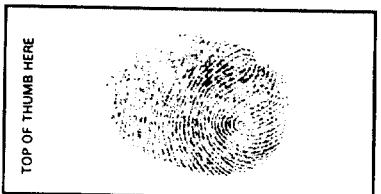
On 10-29-01 before me, Rebecca Lawson, Notary Public  
 personally appeared Maria Masloff personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same 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.

Rebecca Lawson  
 (SIGNATURE OF NOTARY) (SEAL)

\*\*\*\*\*  
 REBECCA LAWSON  
 COMMISSION #1173810  
 NOTARY PUBLIC-CALIFORNIA  
 SAN BERNARDINO COUNTY  
 My Commission Expires Feb. 14, 2002  
 \*\*\*\*\*

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☒ INDIVIDUAL(S)  
☐ CORPORATE OFFICER(S) \_\_\_\_\_ (TITLES)

☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL

☐ ATTORNEY IN FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:

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

MAIL TAX STATEMENTS TO: LILLIAN MARKOVICH  
14555 MESA ST., HESPERIA, CA 92345

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.

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 QUITCLAIM DEED Rev. 3-94b (price class 3A)



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