8	δλ				
	After recording return to:	161 Mag = 7020			
١.	Bobbie Jo Alford Henry	Vol_ <u>MO2_</u> Page 7936			
BN:	+4222 University Avenue 2442 Lawa Ave #A17	State of Oreas			
•	Riverside, California 92501 9 2507	State of Oregon, County of Klamath Recorded 02/11/2002 8:22 a.m. Vol M02, Pg 792/22 a.m.			
	1700	Vol MO2 Pa 702 0.22 a. m			
	Until a change is requested all tax	Linda Smith, County Clerk			
	statements shall be sent to the following address:	Fee \$\frac{2}{\pmu}\frac{\psi}{\pmu} # of Pgs \frac{3}{2}			
	Bobbie Jo Alford Henry				
	4222 University Avenue 2442 Iowa Ave #A17				
	Riverside, California 92501 92507	F 620 00			
	Toverside. Camorina 92501 9725	Fee: \$30.00			
	QUITCLAIM DEE	D			
	THIS QUITCLAIM DEED, Executed this//	day of			
		/			
	by first party, Grantor, <u>Lester L. Alford</u> , whose mailing add	ress is <u>3323 Watt Avenue #146</u> ,			
	Sacramento, California 95821 (formerly 6545 Landis Avenu	e, Carmichael, California 95608) to			
	annual months Country Delth's Is AIC 1 1 22				
	second party, Grantee, <u>Bobbie Jo Alford</u> whose mailing address is <u>4222 University Avenue</u> ,				
	Riverside, California 92501 (formerly 6545 Landis Avenue,	Carmichael, California 95608) .			
		•			
	WITNESSETH, That the said first party, for good of	consideration and for the sum of			
	One Dollar and No Cents (\$1.00) paid by the said second	l party, the receipt of whereof is			
	hereby acknowledged, does hereby remise, release and quitc	laim unto the said second party			
	forever, all the right, title, interest and claim which the said f	inst north has in and to the Callegrins			
	forever, an the right, title, interest and claim which the said I	ist party has in and to the following			
	described parcel of land, improvements and appurtenances the	nereto in the County of <u>Klamath</u> ,			
	State of <u>Oregon</u> to wit:				
1	Lot 18, Block 2, Latakomie Shores Subdivision according to	o the duly recorded plat thereof on			
	file in the official records of Klamath County, Oregon.				

IN WITNESS WHEREOF, The said first party signed and sealed these presents the day and

year first above written.	Signed, sealed	and delivered in p	reserice of:	0
			11/1/21	
			is the	
Signature of Witness		Signat	ture of First Parts	
	·····	Les	ter L. Alford	
Print Name of Witness		Print 1	Name of First Party	
State of <u>California</u>)				
County of <u>Sacramento</u>)				
On	, before me,			
appeared <u>Lester L. Alford</u> the person whose name is subsc authorized capacity, and that by	, personally kn ribed to the withi	nown to me (or proved in instrument and ackno	to me on the basis of sa	atisfactory evidence) to be
WITNESS my hand and official	seal.			
Signature of Notary				
ngiimale of Hotaly				
State of <u>California</u>)				
County of <u>Sacramento</u>)				
On, 19	, before me,			appeared _
o be the person whose name is s ame in his/her authorized capac	subscribed to the ity, and that by hi	within instrument and	acknowledged to me th	of satisfactory evidence) at he/she executed the executed the instrument.
WITNESS my hand and official	seal.			
Signature of Notary		Signature of Prepa Lester L. Al		<i>f</i> -
		Printed Name of P		
		3323 Watt A	Avenue #146	
		Sacramento. Address of Prepare	California 95821	
		_		
	State of			
	County of			
•	of	the within instrument	was received for record	on the dayM., and recorded in
	book/reel/vol	lume No.	or as fee/file/i	instrument/microfilm/
	reception No.	 hand and seal of Count	, Record of Deeds of s	aid county.
	-		-	
	Name	Title		
	Ву		Deputy	Page 2 of 2
			, married	rage 2 of 2

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	1
County of Saramento	ss.
OiQula 11, 2000 before me	Tark) T. Mun and
Date	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared	Name(s) of Signer(s)
	☐ personally known to me
	proved to me on the basis of satisfacto evidence
COMM. #1141736 COMM. #1141736 COMM. #1141736 COMM. #1141736 COMMITY PUBLIC - CALIFORNIA JUNE SACRAMENTO COUNTY My Commit Expires JUL 9, 2001	to be the person(s) whose name(s) is/an subscribed to the within instrument an acknowledged to me that he/she/frey execute the same in his/per/their authorize capacity(jes), and that by his/her/the signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal.
Place Notary Seal Above	Signature of Notary Public
Though the information below is not required by law.	TIONAL it may prove valuable to persons relying on the document
and could prevent traddilent removal and	reattachment of this form to another document.
Description of Attached Document Title or Type of Document:	×//)
	cefain bleed
Document Date: July //,	2000 Number of Pages: 2
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Signer's Name:	RIGHT THUMBPRINT
individual	OF SIGNER
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General	
☐ Attorney in Fact	
☐ Trustee	
Guardian or Conservator	
Other:	
Signer Is Representing:	