

02 APR 15 AM 9:46

State of Oregon, County of Klamath
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 Linda Smith, County Clerk
 Fee \$ 21.00 # of Pgs 1

Form A298

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 1st day of FEBRUARY, XX 2002,
 by first party, MAURICE H. McCREA
 whose post office address is 40 FOUR SEASONS RESIDENTIAL CARE
202 S 9th, INDEPENDENCE, OREGON 97351
 to second party, John D McCREA, JERRY L McCREA, ROBERT McCREA, CAROLYN
McCREA
 whose post office address is 8400 AMHERST DRIVE
BOISE, IDAHO 83704

WITNESSETH, That the said first party, for good consideration and for the sum of
ZERO Dollars (\$ 0) 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 KIAMATH, State of OREGON
 to wit:

The Southeast one-quarter of the Southeast one-quarter
(SE 1/4 SE 1/4) of section twenty-three (23), township thirty-four
(34) South, Range six (6) East of the Willamette Meridian,
KIAMATH County OREGON

The intent of this document is to CANCEL LIFE ESTATE
GRANTED TO MAURICE H. McCREA AND CORRECT THE OFFICIAL
RECORD TO SHOW TRUE TITLE OF PROPERTY TO BE WITH ORIGINAL
OWNERS OF CURRENT RECORD

John D McCREA ROBERT McCREA
JERRY L McCREA CAROLYN McCREA

MAURICE H McCREA, due to health is no longer able to
LIVE AT SPECIFIED PROPERTY AND IS UNABLE TO PAY FUTURE
PROPERTY TAXES AS STIPULATED IN LIFE ESTATE

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:

Witness

Maurice McCREA
 First Party

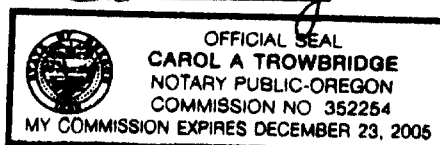
Witness

Second Party

State of Oregon }
 County of Polk

On February 1, 2002 before me, a Notary Public for Oregon
 appeared MAURICE H. McCREA - - - - -
 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/it~~ executed the same in
 his/~~her/its~~ authorized capacity(ies), and that by his/~~her/its~~ 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



Affiant Known XX Produced ID
 Type of ID OR ID Card 1006508
 (Seal)



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(Revised 3/93)

Run-ZBHP