

RECORDING REQUESTED BY

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

Name SANDRA CATES HARLAN

Street PO BOX 294

City & State HILL CITY SD 57709

Title Order No. _____ Escrow No. _____

State of Oregon, County of Klamath

Recorded 11/06/2002 9:08 a. m.

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Linda Smith, County Clerk

Fee \$ 21.00 # of Pgs 1

SPACE ABOVE THIS LINE FOR RECORDER'S USE

T 360 LEGAL (1-94)

Quitclaim Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)

DOCUMENTARY TRANSFER TAX IS \$ _____

☐ _____ unincorporated area ☒ City of SPRAGUE RIVER

Parcel No. R3483871

☐ computed on full value of property conveyed, or

☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, AMIEL LEEMAN CATES

hereby REMISE, RELEASE AND FOREVER QUITCLAIM to SANDRA CATES HARLAN, AS HER SOLE AND SEPARATE PROPERTY

the following described real property in the CITY OF SPRAGUE RIVER

county of _____, state of ~~California~~ ^{OREGON} OREGON:

LOT R-3611-009B0-00800-00, NIMROD RIVER PARK 4TH ADDITION, BLOCK 49, LOT 31

COMMONLY KNOWN AS 56681 RIM ROAD, SPRAGUE RIVER, OREGON

Dated OCTOBER 4, 2002

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

} s.s.

On OCTOBER 4 2002 before me,
K SMITH

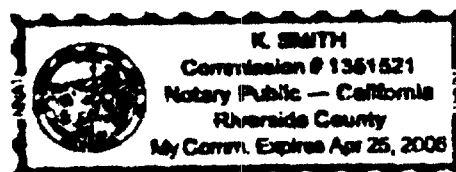
a Notary Public in and for said County and State, personally appeared
AMIEL LEEMAN CATES

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
K SMITH

Signature _____

[Handwritten Signature]
AMIEL LEEMAN CATES



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address

City & State

CTC-13F