

When recorded, mail to:

Name: JOB'S Western, Inc.  
Address: 96 Victoria Way  
Central Point, OR 97502  
City/State/Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Oregon, County of Klamath  
Recorded 11/13/2002 10:15 a m.  
Vol M02, Pg 65635-36  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

Space above this line for Recorder's use

## QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Dorothy Darlen Trainer,  
the undersigned, for the consideration of Ten Dollars (\$10.00), and other valuable considerations, do  
hereby release, remise, and forever quitclaim unto \_\_\_\_\_  
Job Western Incorporation,  
all right, title and interest in that certain Property situated in KLAMATH County,  
State of OREGON, and described as follows:

LOT 13 in BLOCK 8 of OREGON PINES, According to the official  
Plat There of on file in the office of County Clerk of  
KLAMATH County OREGON.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal this 3 day of  
September, 2003.

Dorothy Darlene Trainer  
Printed Name of Releasor

Dorothy Darlene Trainer  
Signature of Releasor

\_\_\_\_\_  
Printed Name of Releasor

\_\_\_\_\_  
Signature of Releasor

\_\_\_\_\_  
Printed Name of Witness (if required by State Laws)

\_\_\_\_\_  
Signature of Witness (if required by State Laws)

**ACKNOWLEDGMENT**  
(States Other Than California)

State of Arizona )  
County of Mohave ) ss.

On this 3 day of September, 2002, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_

Dorothy Darlene Tranter  
known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

My Commission Expires: 9-13-2003

Angela Schroeder  
Notary Public

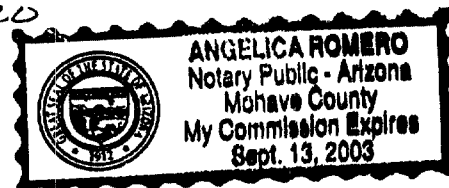
If acknowledged in the State of Florida, complete section(s) below: AZ.

(Releasor) ☐ Personally Known (or) ☒ Produced Identification

If applicable, Type of Identification Produced: AZ DL 515242520

(Co-Releasor) ☐ Personally Known (or) ☐ Produced Identification

If applicable, Type of Identification Produced: \_\_\_\_\_



**ACKNOWLEDGMENT**  
(State Of California)

State of California )  
County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, the undersigned Notary Public, personally 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 attached instrument and acknowledged to me that he(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.

\_\_\_\_\_  
Notary Public