

Rt: Hugh Biggs
6151 Canterbury Dr. #106
RECORDING REQUESTED BY
Culver City CA 90230

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

State of Oregon, County of Klamath
Recorded 11/27/2002 8:13 a m.
Vol M02, Pg 68915
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 1

NAME
'02 NOV 27 AM 8:13

ADDRESS

CITY, STATE &
ZIP CODE

TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$

- ☐ 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

Anna G. Herrel

(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do I hereby remise, release and
forever quitclaim to Hugh M. Biggs

(NAME OF GRANTEE(S))

the following described real property in the City of Klamath Falls, County of Klamath Falls, State of OR:

Property Description

TWP 36 Rnge 12, Block SE 4 Tract POR W2NE 4SW 4
L. Y N Rimrock, Acres 15.37
Map R-3612-00400-01700-000
Code 008

Assessor's parcel No. _____

Executed on November 21st, 2002 at Culver City, Ca

(CITY AND STATE)

STATE OF California

COUNTY OF Los Angeles

On Nov 21, 2002 before me, Ruby L. Watts, Notary Public

(NAME/TITLE, i.e., "JANE DOE, NOTARY PUBLIC")

personally appeared Anna G. Herrel 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.

Ruby L. Watts
(SIGNATURE OF NOTARY)

(SEAL)



MAIL TAX

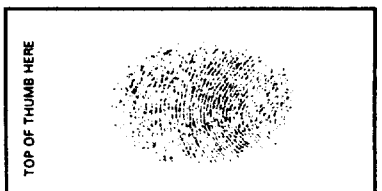
STATEMENTS TO: Hugh M. Biggs
6151 Canterbury Dr #106 Culver City Ca 90230

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



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☒ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S) _____ (TITLE)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:

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