

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

NAME TANYA MASLOFF
STREET ADDRESS 15011 BEAR VALLEY RD #10
CITY, STATE & ZIP CODE HESPERIA, CA. 92345
TITLE ORDER NO. _____ ESCROW NO. _____

State of Oregon, County of Klamath
Recorded 12/11/2002 9:15 a m.
Vol M02, Pg 71887
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 1
137th opa

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

'02 DEC 11 AM 9:15

DOCUMENTARY TRANSFER TAX \$ 0
☐ 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 _____

MASLOFF MARIA M.
(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to TANYA MASLOFF (AKA: TATIANA) ALL MY INTEREST
(NAME OF GRANTEE(S))
the following described real property in the City of _____, County of KLAMATH, State of OR:

TWP 31 RNGE 7, BLOCK SEC. 16, TRACT
S2NE4NE4SW4 LY W OF HWY E 50'
SE4NW4NE4SW4, ACRES 3.05

Assessor's parcel No. R-3107-01600-00700-000

Executed on Dec. 9, 2002, at HESPERIA CALIFORNIA
(CITY AND STATE)

STATE OF California

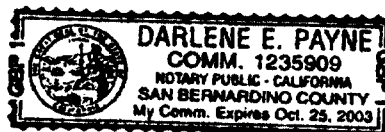
COUNTY OF San Bernardino

On 12-9-02 before me, Darlene E. Payne, Notary Public
(NAME/TITLE, i.e., "JANE DOE, NOTARY PUBLIC")

personally appeared Maria M. Masloff 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.

Darlene E. Payne
(SIGNATURE OF NOTARY) (SEAL)



MAIL TAX STATEMENTS TO: TANYA MASLOFF
15011 BEAR VALLEY RD #10, HESPERIA, CA 92345

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

WOLCOTTS FORM 790 ©1994 WOLCOTTS FORMS, INC.
QUITCLAIM DEED Rev. 3-94b (price class 3A)



7 67775 39790 1

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))

21-
137th opa