QUITCLAIM DEED
THIS QUITCLAIM DERD, Executed this 3 day of SWEMEN Whose post office address is P.O. Box 33, Hazako, Ky 41702- to second party, Hubson P. Pavis whose post office address is 2966 Pepper St., Heret, Co. 97545
WITNESSETH, That the said first party, for good consideration and for the sum of \$\frac{2500}{2500}\$ 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 Klamath , State of OREGON , to wit:  Lot 1, Block 165, Klamath Falls Fourst Estates, Highway 66 Unit, Plat # 4 Consisting of 2.29 Net Acres
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 First Party Studies There
Witness Second Party
STATE OF } \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature Aud Day Mary My esmants of Expires: 1-17-200.  Affiant Known Unknown ID Produced No. Driver DO2 -778-132 (Seal)
State of Oregon, County of Klamath Recorded 09/23/03 /2:26 p. m Vol M03 Pg 708 74-75 Linda Smith, County Clerk Fee \$ 26 # of Pgs 2

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State of California	<b>}</b> ss.	
County of San Diego	_ J	
On Otobus, 2002 before me,	Sandra L. Dailey	
personally appeared Huckon 1. Day	ง15	
personally known to me - OR -	proved to me on the basis of satisfactory	
SANDRA L. DAILEY Comm. # 1221923 NOTARY PUBLIC - CALIFORNIA Sen Diego County	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 signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
my Came. Expires June 18, 2003	WITNESS my hand and official seal.  NOTARY'S SIGNATURE	
	,	
OPTIONAL INFORMATION		
The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.		
CAPACITY CLAIMED BY SIGNER (PRINCIPAL)	DESCRIPTION OF ATTACHED DOCUMENT	
INDIVIDUAL		
CORPORATE OFFICER	Quit Claim Deed	
·	TITLE OR TYPE OF DOCUMENT	
TITLE(S)	1	
PARTNER(S)	NUMBER OF PAGES	
TRUSTEE(S)		
GUARDIAN/CONSERVATOR		
OTHER:	DATE OF DOCUMENT	
<del></del>	OTHER	
SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	RIGHT THUMBPRINT  OF  SIGNER	