

RECORDING REQUESTED BY

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

NAME
STREET
ADDRESS
CITY,
STATE
ZIP

SHERRY JOHNSTON
P.O. Box 463
Santa Ysabel, CA 92070

Title Order No _____ Escrow No _____

Vol M03 Page 74448

State of Oregon, County of Klamath
Recorded 10/06/03 1:05 P m
Vol M03 Pg 7448-49
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

SPACE ABOVE THIS LINE FOR RECORDER'S USE

'03 OCT 6 PM1:05

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ _____

- ☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax

Firm Name

NORMAN R. SHOCK, an unmarried man

(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, does hereby remise,

release and forever quitclaim to **SHERRY JOHNSTON**

the following described real property in the City of

County of **Klamath**

State of **Oregon**

Lot 50, Block 16, First Addition to Klamath Forest Estates as recorded in Klamath County, Oregon and also subject to all conditions, restrictions, reservations easements, exceptions, rights and/or rights of way affecting said property.

Assessor's parcel No. _____

Executed on August 17, 1994, at San Diego, California

(City and State)

Norman R. Shock,

STATE OF _____ }
COUNTY OF _____ } ss.

On _____ before me, _____
(Name, title of officer-i.e., "Jane Doe, 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 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.

Signature

RIGHT THUMBPRINT (OPTIONAL)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE

- OFFICER(S) _____
☐ PARTNER(S) (TITLE/IN)
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(ES))

(Seal)

MAIL TAX
STATEMENTS TO

NAME

ADDRESS

ZIP

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

74449

No. 5907

State of California

County of San Diego

On Aug. 17, 1994 before me, Carol L. Clapick, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Norman R. Shock
NAME(S) OF SIGNER(S)

☐ 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.

Carol L. Clapick
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S) ☐ LIMITED
☐ ATTORNEY-IN-FACT ☐ GENERAL
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE