

✓ Maria D. Ortega
4519 Crosby Ave
Klamath Falls OR
97603

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State of Oregon, County of Klamath
Recorded 04/14/2004 12:58 p m
Vol M04 Pg 21907-08
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

'04 APR 14 PM 12:58

LF298-04
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 14 day of April, 2004,
by first party, Grantor, Daniel Ortega
whose post office address is 261 Martin St Klamath Falls OR 97601
to second party, Grantee, Maria D. Ortega
whose post office address is 4519 Crosby Ave Klamath Falls OR 97603

WITNESSETH, That the said first party, for good consideration and for the sum of _____ Dollars (\$ _____)
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 Falls, State of Oregon to wit:

Parcel 1: Legal Description

Lot 42 on the S 1/2 of vacated alley adjoining
in Block 2, ST. FRANCIS PARK, in the County of Klamath,
State of Oregon.

Parcel 2:

Lots 43 and 44 and the S 1/2 of vacated alley adjoining
in Block 2, st. ST. FRANCIS PARK, in the County of
Klamath, State of Oregon

21908

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:

Signature of Witness

Print name of Witness

Signature of Witness

Print name of Witness

[Signature]
Signature of First Party

Daniel Ortega Hernandez
Print name of First Party

Signature of First Party

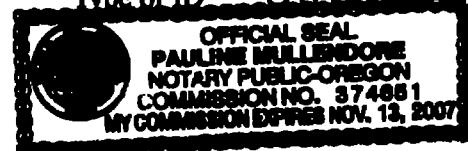
Print name of First Party

State of Oregon }
County of Klamath }
On 4-14-04 before me,
appeared Daniel Ortega

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.

Pauline Mullendore
Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID CDL



(Seal)

State of _____ }
County of _____ }
On _____ before me,
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 of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____

(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer