

RECORDING REQUESTED BY

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State of Oregon, County of Klamath
 Recorded 06/15/2004 8:54 a m
 Vol M04 Pg 38146
 Linda Smith, County Clerk
 Fee \$ 2100 # of Pgs 1

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

NAME Vicky J. Fleschner
 STREET ADDRESS 1792 W 25th Ave
 CITY, STATE & ZIP CODE Eugene, OR 97405
 TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

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 _____

Ima J. Fleschner, Trustee

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and
 forever quitclaim to Chad A Fleschner & Vicky J Fleschner with Right of Survivorship
 the following described real property in the City of Klamath Falls, County of Klamath Falls, State of OR:
, Klamath Falls Forest Estates Hwy 66 Plat #1 Block 16, Lot 34

Assessor's parcel No. MAP R-3711-0200-00800-000

Executed on June 8 2004, at Santa Rosa, CA 95404
 (CITY AND STATE)

STATE OF CALIFORNIACOUNTY OF SANOMAIma J. Fleschner, Trustee

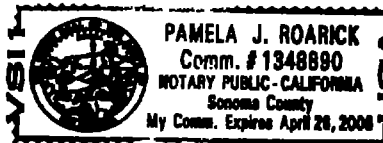
On JUNE 8, 2004 before me, PAMELA J. ROARICK, NOTARY PUBLIC

personally appeared IMA J. FLESCHNER 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.

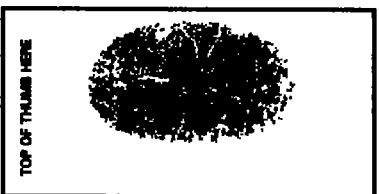
WITNESS my hand and official seal.

Pamela J. Roarick
 (SIGNATURE OF NOTARY)

(SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S) _____

- ☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

- ☐ ATTORNEY IN FACT
☒ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
 (Name of Person(s) or Entity(ies)) _____

MAIL TAX
 STATEMENTS TO: _____

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