

RECORDING REQUESTED BY

FELIX A. & BILLIE J. BUSTAMANTE

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

NAME

STREET
ADDRESSCITY, STATE &
ZIP CODE

TITLE ORDER NO.

ok
FELIX A. BUSTAMANTE
BILLIE J. BUSTAMANTE
8346 N. Poinciana Dr.
El Cajon, CA 92021
ESCROW NO.

Vol M05 Page 39858

State of Oregon, County of Klamath

Recorded 05/31/05 12:20 P m

Vol M05 Pg 39858-54

Linda Smith, County Clerk

Fee \$ 2600 # of Pgs 2

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$

- ☐ 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

FELIX A. & BILLIE J. BUSTAMANTE

(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 FELIX A. & BILLIE J. BUSTAMANTE, Trustees u.d.t., dated
 4-28-2005 and known as THE BUSTAMANTE 2005 TRUST

(NAME OF GRANTEE(S))
 the following described real property in the City of Klamath Falls, County of Klamath, State of Oregon:

LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF.

Assessor's parcel No. _____

Executed on 4-28-2005, at SAN DIEGO, CA

(CITY)

(STATE)

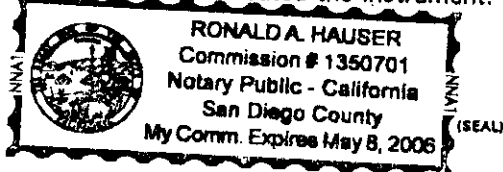
STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

On 4-28-2005 before me, Ronald A. Hauser, Notary Public

personally appeared FELIX A. & BILLIE J. BUSTAMANTE

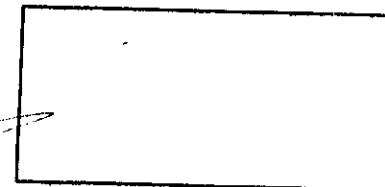
(NAME/TITLE, I.e. "JANE DOE, NOTARY PUBLIC")
 personally known to me (or proved to me on the basis of satisfactory evidence) to be the
 person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me
 that he/she/they executed the same in his/her/their authorized capacity(ies), 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)

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

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

(TITLES)

- ☐ 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: SAME AS ABOVE

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.

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 QUITCLAIM DEED Rev. 3-94a (price class 3A)



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MOUNTAIN TITLE COMPANY