

**M05-64915**

Klamath County, Oregon

09/23/2005 09:09:18 AM

Pages 2 Fee: \$26.00

A298-10  
R298-04

## QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 22 day of Sept, 2005 (year),  
by first party, Grantor, DAWN R Velazquez, Luis Velazquez  
whose post office address is PO Box 751 Chiloquin, OR 97624  
to second party, Grantee, Rosemary J Ochoa  
whose post office address is PO Box 751 Chiloquin, OR 97624

WITNESSETH, That the said first party, for good consideration and for the sum of  
Dollars (\$ 1.00 ) 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 there-  
to in the County of Klamath, State of Oregon to wit:

LOT 5 AND NORTH 25 FEET OF LOT 6 BLOCK 4,  
SOUTH CHILOQUIN, IN THE COUNTY OF KLAMATH  
STATE OF OREGON

ABAA (1)

Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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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 of First Party

Print name of First Party

Signature of First Party

Print name of First Party

State of OREGON )  
County of KLAMATH

On SEPT. 22, 2005 before me,

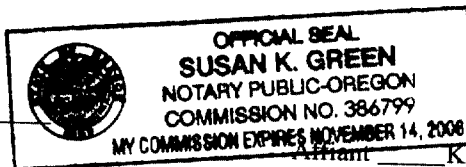
appeared DAWN AND LUIS VELAZQUEZ

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.

Susan K. Green

Signature of Notary



Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_

(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

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.