

M05-68340

Klamath County, Oregon

11/04/2005 12:04:09 PM

Pages 1 Fee: \$21.00

NA

QUITCLAIM DEED—STATUTORY FORM

INDIVIDUAL GRANTOR

George A. Landon, Grantor,
 releases and quitclaims to Tamra L. Sprague and John A. Barker
 _____, Grantee, all right, title and interest in and to the following described
 real property situated in Klamath County, Oregon, to-wit:

① Ferguson Mountain Pines, 1st Addition
Block 23, Lot 6

② Klamath Forest Estates, 1st Addition
Block 34, Lot 13

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

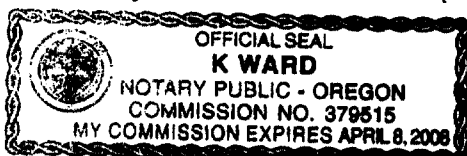
The true consideration for this conveyance is \$6667.00 (Here comply with the requirements of ORS 93.030)

Dated this 30th day of Oct 2005

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

STATE OF OREGON, County of Clackamas ss.

This instrument was acknowledged before me on 10/31, 2005,
 by George A. Landon



K. Ward
 Notary Public for Oregon
 My commission expires 4-8-08

QUITCLAIM DEED

George A. Landon
20121 SE Stark St. Bldg
Portland Ore. 97233
 GRANTOR
 GRANTEE

After recording return to:

TAMRA SPRAGUE
2347 Shadow Canyon Dr
Bullhead City, AZ
86442
 NAME, ADDRESS, ZIP

Until a change is requested, all tax statements shall be sent to the following address:

TAMRA SPRAGUE
2347 Shadow Canyon Dr.
Bullhead City, AZ
86442
 NAME, ADDRESS, ZIP

SPACE RESERVED
 FOR
 RECORDER'S USE

STATE OF OREGON,

County of _____ } ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/tile/instrument/microfilm/reception No. _____, Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

21CA