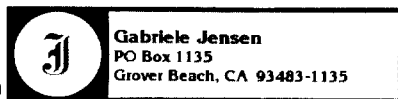


Until a change is requested,  
all tax statements shall be sent  
to the following address:  
Return to:



ID #: \_\_\_\_\_

**M05-69053**

Klamath County, Oregon

11/15/2005 09:24:56 AM

Pages 2 Fee: \$26.00

\*QUITCLAIM DEED\*

\*This QUITCLAIM DEED,\* is executed on: \* Oct 23, 2005\*

by \* Reinhard R. Kunze\*

hereinafter referred to as FIRST PARTY, whose address is

\* 5780 Hermosilla Ave. Atascadero, CA 93422\*

does hereby Grant to:

\*Gabriele A. Jensen\*

hereinafter referred to as SECOND PARTY, whose address is

\* 311 Brighton Ave. Grover Beach, CA 93433 \*

WITNESSETH, that.... the FIRST PARTY, for and in consideration of the sum of  
\*\$2400.00 \*in hand paid by the said SECOND PARTY, the receipt whereof is  
Hereby acknowledged, does hereby remise, release and quitclaim unto the SECOND  
PARTY, all right, title, interest, and claim which the FIRST PARTY has in and  
to the following property situated in \*Klamath County \*County, State of \*Oregon,  
\*more particularly described hereof ;

Lot 28 in Block 28 of Tract No. 1113 - Oregon Shores - Unit 2, according  
to the official plat thereof on file in the office of the office of the  
County Clerk of Klamath County, Oregon.

TO HAVE AND HOLD the same, together with all and singular the  
appurtenances thereunto, of all interest, equity and claim whatsoever the  
FIRST PARTY may have, either in law or equity, for the proper use, benefit  
and behalf of the SECOND PARTY forever.

\*IN WITNESS WHEREOF,\* the FIRST PARTY has signed and sealed these presents  
the day and year first above written.

Witness Signature

Witness Name:

Witness Signature

Witness Name:

*Reinhard R. Kunze* 10-23-05  
Signature of First Party

Name of First Party

( Notary Witness )

*Elizabeth F. Gonzalez*



# California All-Purpose Acknowledgement

State of California

County of San Luis Obispo } ss.

On 10/23/05 before me, ELIZABETH F. GONZALEZ, NOTARY PUBLIC  
(Date) Name, Title/Capacity, Notary Public  
personally appeared REINHARD R. KUNZE  
Name of Signer(s)

☐ 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 she/he/they executed the same in her/his/their authorized capacity(ies) and that by her/his/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.

Elizabeth F. Gonzalez  
Signature of Notary Public

Place Notary Seal and/or Any Stamp above

## Optional Information

Law does not require the information below. This information could be of great value to any person/persons relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s).

### DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT \_\_\_\_\_  
DATE OF DOCUMENT \_\_\_\_\_ NUMBER OF PAGES \_\_\_\_\_  
SIGNER(S) IF DIFFERENT THAN ABOVE \_\_\_\_\_  
OTHER INFORMATION \_\_\_\_\_

### CAPACITY CLAIMED BY SIGNER(S)

SIGNER(S) NAME(S) \_\_\_\_\_

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER

\_\_\_\_\_  
Title(s)

- ☐ PARTNER(S)  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

RT. THUMBPRINT  
OF SIGNER #1  
TOP OF THUMB HERE

RT. THUMBPRINT  
OF SIGNER #2  
TOP OF THUMB HERE

### SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES) \_\_\_\_\_