

Recording Requested By

M06-08987

Klamath County, Oregon

05/08/2006 09:11:55 AM

Pages 1 Fee: \$21.00

And when recorded mail to: AND UNTIL A
CHANGE IS REQUESTED, ALL TAX
STATEMENTS SHALL BE SENT TO:

Street Address
Harley & Gloria Sandhagen
16069 Wilma Dr
City State Zip
Salinas, CA 93907

Space above this line for recorder's use

WOLCOTTS FORMS, INC.

SINCE 1893

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.

Autograph of Declarant or Agent Determining Tax Firm Name

I/We, Mike L. Sandhagen

(Name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release,
convey and forever quitclaim to Harley E. and Gloria M. Sandhagen Living Trust

(Name of grantee(s))

the following described real property in the City of _____, County of Klamath, State of Oregon

Parcel One

Lot: 51 Block: 97 District: 6K80 Subdivision KLAMATH FALLS FOREST ESTATES HWY 66
PLAT 4

Parcel Two

Lot: 7 Block: 76 District: 6K80 Subdivision KLAMATH FALLS FOREST ESTATES HWY 66
PLAT 4

Executed on 4/8/06, in the City of Fair Oaks, State of CA.

R-3711-027A0-03100-000 &

Assessor's parcel No. R-3711-015A0-02400-000

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

On 4-8-06 before me, SARAH BUTTS, Notary
Public, personally appeared MIKE L. SANDHAGEN

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.

SARAH BUTTS
Signature (Seal)

MAIL TAX HARLEY & GLORIA SANDHAGEN



CAPACITY CLAIMED BY SIGNER(S)

- ☒ Individual(s)
☐ Corporate Officer(s) _____
☐ Partner(s) _____ Limited _____ General _____
☐ Attorney in Fact
☐ Trustee
☐ Guardian/Conservator

RIGHT THUMBPRINT (Optional)



STATEMENTS TO: 16069 WILMA DR SALINAS CA 93907
(UNTIL A CHANGE IS REQUESTED, ALL TAX STATEMENTS SHALL BE SENT
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