

RECORDING REQUESTED BY

M06-09246

Klamath County, Oregon

05/10/2006 08:21:03 AM

Pages 2 Fee: \$26.00

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

NAME Leta m CHAVEZ
STREET 292 BLUEGRASS Ave
ADDRESS

CITY 29 PALMS
STATE CA
ZIP 92277

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED FULL COVENANT

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

THIS INDENTURE, Made the 13 day of APRIL, 2006
BETWEEN

AND ANTONY LOUIES 9070373 ORION Rd 29 PALMS, CA 92277, Grantor,
Leta m. CHAVEZ 292 BLUEGRASS Ave, 29 PALMS, CA 92277, Grantee,

WITNESSETH: That Grantor, for and in consideration of the sum of 0
No Dollars No cents Dollars,

(\$ 0) lawful money of the United States of America, to Leta m Chavez
292 BLUEGRASS Ave 29 PALMS, CA 92277 in hand paid by

~~the said Grantee~~, the receipt whereof is hereby acknowledged, has remised, released and forever quitclaimed, and by these
presents do remise, release and forever quitclaim unto Grantee, and to HER heirs and assigns, all th certain
lot 15, piece ~~or parcel~~ of land situate, lying and being in the USA County of KLAMATH FALLS
and State of OR, and bounded and particularly described as follows:

SPRAGUE RIVER VALLEY ACRES, BLOCK 6, Lot 15
MAP R-3512-035A0-02800-000 Code 221
TAX A/C # R293248

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging, or in any wise
appertaining, and reversion and reversions, remainder and remainders, rents, issues and profits thereof; and also all the estate
right, title, interest, property possession, claim and demand whatsoever, as well in
law as in equity, of Grantor, of, in or to the said premises, and every part and parcel thereof with the appurtenances.

TO HAVE AND TO HOLD, all and singular the said premises, together with the appurtenances, unto the said Grantee, and to
HER heirs and assigns forever.

IN WITNESS WHEREOF, The said Grantor has hereunto set HIS hand and seal the day and year first above
written.

ALouies

MAIL TAX STATEMENT TO: Leta m CHAVEZ
292 BLUEGRASS Ave, 29 PALMS, CA 92277

WOLCOTTS FORM 750 - (price class 3B)
QUITCLAIM DEED - FULL COVENANT - rev. 4-94
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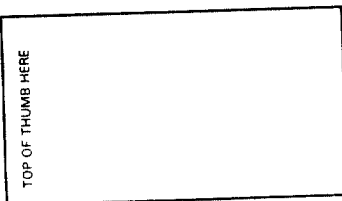
State of California
County of San Bernardino

RIGHT THUMBPRINT (Optional)



On 4-13-2006 before me, Magdalene K. Itsuokor, Notary Public
(DATE) (NAME/TITLE OF OFFICER-I.E. "JANE DOE, NOTARY PUBLIC")
personally appeared Anthony Louies
(NAME(S) OF SIGNER(S))

RIGHT THUMBPRINT (Optional)



☐ 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.

CAPACITY CLAIMED BY SIGNER(S)

☒ INDIVIDUAL(S)

☐ CORPORATE OFFICERS

(TITLES)

☐ PARTNER(S) ☐ LIMITED ☐ GENERAL

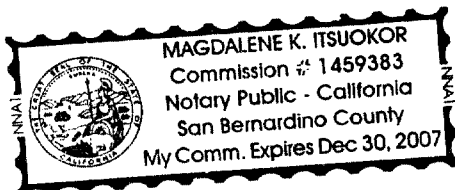
☐ ATTORNEY IN FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))



Witness my hand and official seal.

Magdalene K. Itsuokor
(SIGNATURE OF NOTARY)

(SEAL)