

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



00015489200700028710010013

02/20/2007 11:23:10 AM

Fee: \$21.00

NAME J.C.H. POOLMAN
STREET ADDRESS P.O. BOX 1010
CITY, STATE & ZIP CODE BONSALL, CA 92003
TITLE ORDER NO. _____ ESCROW NO. _____

AMERITITLE, has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

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.
Signature of Declarant or Agent Determining Tax _____ Firm Name _____

J.C.H. POOLMAN Equity Trust
(NAME OF GRANTOR(S))
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to Michael A. Poolman
(NAME OF GRANTEE(S))
the following described real property in the City of Chiloquin, County of Klamath, State of Oregon
That portion of the N 1/2 SW 1/4 SW 1/4 NE 1/4, lying East of Highway 232, Section 10, Township 31 S., R. 7 E. W.M. (Lately known as 73027 Sun Mountain Road, Chiloquin, OR.)

Assessor's parcel No. R 79417
Executed on 14 February, 2007 at BONSALL, OR
(CITY AND STATE)

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

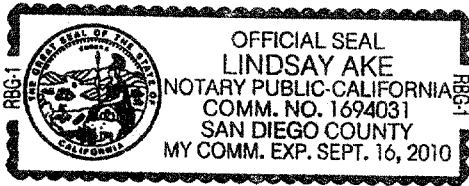
[Signature]
J.C.H. Poolman

On 02-14-07 before me, LINDSAY AKE, NOTARY PUBLIC
(NAME/TITLE, i.e., "JANE DOE, NOTARY PUBLIC")
personally appeared JUSTIS CORNELIUS H. POOLMAN 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.

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

WITNESS my hand and official seal.
[Signature] (SIGNATURE OF NOTARY) (SEAL)



CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S) (TITLES)
☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

MAIL TAX STATEMENTS TO: _____
Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



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