	EA NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.		
	Sarah A. Rhodes/Joshua J. Rhacks 2007-003800		
	33341 Indian Lake Dr Klamath County, Oregon		
	Chiloguin OR 97624 De la K Rhade 5		
	33341 Indian Lake Dr 00016618200700038000020020		
	03/07/2007 11:11:13 AM Fee: \$26.00		
,	After recording, return to (Name, Address, Zip): Dana Kinocies RE		
.	S3341 Indian Cake On Chiloguin OR 97624		
	Until requested otherwise, send all tax statements to (Name, Address, Zin):		
,	- Darla K Rhodes 33341 Indian Lake Dr		
	Chiloguin or 97629		
-	QUITCLAIM DEED		
	KNOW ALL BY THESE PRESENTS that Sarah 17 Phodes 65 33341 Indian hereinafter called granter for the consideration by the sansideration b		
	hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto		
1000	hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in County, State of Oregon, described as follows, to-wit:		
	Klamath Forest Estates Block 12, Lot 8		
	Map R 3510 - 03340 - 01100-000		
	Klamath Forest Estate, Block 12, Lot 8 Map R 3510 - 022 AO - 01100-000 Tax acct. # R 262183		
	(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE) To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.		
	The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 1.60.		
	actual consideration consists of or includes other property or value given or promised which is \square part of the \square the whole (indicate which) consideration. \square (The sentence between the symbols \square , if not applicable, should be deleted. See ORS 93.030.)		
	In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.		
	IN WITNESS WHEREOF, the grantor has executed this instrument on Tellogonal 14 20017		
	grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to go so by once of its board of directors.		
	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 APPRO-		
	AND TO DETERMINE ANY LIMITS ON LAWSHITS AGAINST FARMING OF EDDECT		
	PRACTICES AS DEFINED IN ORS 30.930.		
	STATE OF OREGON, County of Mulnoman ss. This instrument was acknowledged before me on Juntary 23, 2007		
	by Julie A. Roberts U		
	This instrument was acknowledged before me on, by,		
	OFFICIAL SEAL		
	JULIE A ROBERTS NOTARY PUBLIC-OREGON COMMISSION NO: 386698 WHIGH Collects		
	MY COMMISSION EXPIRES MARCH 16, 2007 Notary Public for Oregon		
	My commission expires March 16,2007		

INDIVIDUAL ACKNOWLEDGMENT

Signer(s) Other Than Named Above:

State/Commonwealth of Oregon County of	} ss.	
On this the day of FCMV me Day Mame of Notary Public Public, personally appeared C	Name(s) of Signer(s) □ personally known to me – OR – proved to me on the basis of satisfactory	
OFFICIAL SEAL KIMBERLY M IDROGO NOTARY PUBLIC-OREGON COMMISSION NO. A397787 MY COMMISSION EXPRES SEP 29, 2009	to be the person whose name is is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.	
	WITNESS my hand and official seal. Signature of Notary Public Other Required Information (Printed Name of Notary, Residence, etc.)	
Place Notary Seal and/or Any Stamp Above		
0.077	ON A C	
Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Right Thumbprint of Signer		
Description of Attached Document		
Title or Type of Document: With Claim Jeed		
Document Date: Number of Pages:		