

Returned @ County

ADRIAN WITCRAFT
P.O. Box 913
Chiloquin OR 97624

2007-018842
Klamath County, Oregon



00034495200700188420020026

11/02/2007 02:10:46 PM

Fee: \$26.00

LF298-04
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 06 day of August, 2004,
by first party, Grantor, KAREN Wiegstein
whose post office address is P.O. Box 856, Chiloquin OR 97624
to second party, Grantee, ADRIAN WITCRAFT
whose post office address is P.O. Box 913, Chiloquin, OR. 97624

WITNESSETH, That the said first party, for good consideration and for the sum of
five Dollars (\$ 5.00)
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release
and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first
party has in and to the following described parcel of land, and improvements and appurtenances thereto in
the County of Klamath, State of OREGON to wit:

Chiloquin S Block 5 Lot 11

2/00

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Karen Weigstein
Signature of First Party

Print name of Witness

KAREN Weigstein
Print name of First Party

Signature of Witness

Signature of First Party

Print name of Witness

Print name of First Party

State of OREGON

County of CLATSOP }

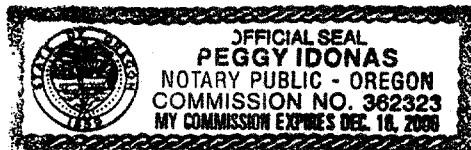
On AUGUST 6, 2004 before me, Peggy Idonas

appeared KAREN Weigstein

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.

Peggy Idonas
Signature of Notary



Affiant _____ Known _____ Produced ID
Type of ID OREGON DR. License
(Seal)

State of _____

County of _____

On _____

before me,

appeared _____

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.

Signature of Notary

Affiant _____ Known _____ Produced ID
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer