	S FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANI	CAL MEANS.
Joanne C. Taylor formally known as Joanne C. Devall		
	2008-009594	
314 North California Street Dorris, California Grantor's Name and Address	Klamath County, Oregon	.
Grantor's Name and Address Hal Streeby	0/ 0 1	1 111
P.O. BOX 104		
Klamath Falls, Oregon 97601 Grantee's Name and Address	00049117200800095940020029 SPACE RE:	.
After recording, return to (Name, Address, Zip):	FOI 07/01/2008 02:08:14 PM Fee:	\$26.00
Hal Streeby	RECORC	1 .
P.O. BOX 104 Klamath Falls, Oregon 97601		
Until requested otherwise, send all tax statements to (Name, Address, Zip):		
lal Streeby		
Clamath Falls, Oregon 97601		.у.
	QUITCLAIM DEED	
KNOW ALL BY THESE PRESENTS thatJos	nne C. Taylor formally known as Joanne C.	Devall
hereinafter called grantor, for the consideration hereinaft	er stated, does hereby remise, release and forever quitelaim u	nto
al Streeby		,
	essors and assigns, all of the grantor's right, title and interest	
real property, with the tenements, hereditaments and a Lamath	purtenances thereunto belonging or in any way appertaining to described as follows to wit:	g, situated in
·	Westerly 20 feet of lot 35, together with	
To Have and to Hold the same unto grantee and g The true and actual consideration paid for this tran actual consideration consists of or includes other property which) consideration. (The sentence between the symbols (a), if In construing this deed, where the context so requ nade so that this deed shall apply equally to corporations	sfer, stated in terms of dollars, is \$ Clear Title	nges shall be
	ed this instrument onJuly 1, 2008ed and its seal, if any, affixed by an officer or other person du	
o do so by order of its board of directors.	O Company and the contract of called person du	
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, INDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE RTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABUSE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS MENT, THE PERSON ACQUIRING HEE TITLE TO THE PROPERTY SHOULD WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS OF APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS OF ARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY	Joanne C. Taylor formally known as SCHECK O VERI- GAINST NOUIRE JOANNE C. Devall C. LOLLALI C. LOL	palif
DRS 197.352.		
STATE OF OREGON, County	of	Faches
This instrument was ac	knowledged before me on	
by		
	knowledged before me on	
as		
of		
/		
	Notary Public for Oregon	
·	My commission expires	
	My commission expires	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	1	
County of SISKIYOU	}	
On 7-1-08 before me, Som	idm / 12 milder nom	~ D. 11'.
personally appeared To a new City	Here Insert Name and Title of the Officer	The blic.
personally appeared <u>Joanne Cito</u>	Name(s) of Signer(s)	nas
Toanne C. D	1/DV3	,
SANDRA L. HAMILTON Commission # 1558980 Notary Public - California Siskiyou County My Comm. Expires Mar 24, 2009	who proved to me on the basis of satistic be the person(s) whose name(s) is/awithin instrument and acknowled he/she/they executed the same in hie/capacity(ies), and that by hie/her/their instrument the person(s), or the entwhich the person(s) acted, executed to I certify under PENALTY OF PERJU of the State of California that the foretrue and correct.	re subscribed to the diged to me that their authorized signature(s) on the tity upon behalf of the instrument.
	WITNESS my hand and official seal.	
		- N.
Place Notary Seal Above	Signature Macha Signature of Notary F	Public
Though the information below is not required by law, it is and could prevent fraudulent removal and rea	MONAL may prove valuable to persons relying on the do	ocument
Description of Attached Document	and the state of this form to another document.	
Title or Type of Document:	in Deed	
D. 10. 1 A.D.	· · · · · · · · · · · · · · · · · · ·	-
Signer(s) Other Than Named Above:		One
Capacity(ies) Claimed by Signer(s) JOANNE CTAYLOR Form		
orginal a Marile	Signer's Name:	_
☐ Corporate Officer — Title(s): ☐	⊔ individual	
☐ Partner — ☐ Limited ☐ General	☐ Corporate Officer — Title(s):☐ Partner — ☐ Limited ☐ General	
☐ Attorney in Fact OF SIGNER	☐ Attorney in Fact	RIGHT THUMBPRINT OF SIGNER
☐ Trustee ☐ Top of thumb here	☐ Trustee	Top of thumb here
☐ Guardian or Conservator ☐ Other:	☐ Guardian or Conservator	
	Other:	.
Signer Is Representing Joanne C.	Signer Is Representing:	.
Taylor formally Known as		
		· 1