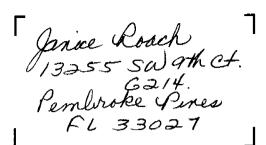
2008-015142 Klamath County, Oregon





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Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

0	uitclaim	Deed	32140 Rivers Drives	Chiloguin OR	97624
U	ulttiaill	PEEU	32100 per an 21000	D - 5.	•

Quittiann Deca	υ
Date of this Document: October 20, 2008	
Reference Number of Any Related Documents: Warranty Deed ATE 5-7068	VOL MO3, Page 6830.
Grantor:	
Name Thomas R. Roach	
Street Address 13255 SW 9th Court, 621	4
City/State/Zip Pembrake Pines F L 33	
, , , , -	
Grantee:	
Name Janue M. Kitch/ Osign	4 C 211/
Name Street Address Janice M. Rosch/Voyle Street Address 13255 SW 9th Court	27
City/State/Zip <u>Fembroke</u> Fixes FL 3.30	<i>1 × 1</i>
Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, q condo name): Parcel 2 of Land Partition 28-92, living	uarter/quarter or unit, byilding and
I land partition 44-90 situated in the	in 14 SW. 4. of Section 20.
South Rantition Hit - 90 situated in the South Ronge TEast of the Wille Assessor's Property Tax Parcel/Account Number(s): R8 73452	mette Meridian Rearath Core
THIS QUITCLAIM DEED, executed this day of	October 2008.
2008, by first party, Grantor, Thomas R. Rooch	Q whose
mailing address is 13255 Sw 9th Court, 6214, second party, Grantee, Janice on Rosch / Voifes	
whose mailing address is 13255 SW 9th Court 621	
,	,
WITNESSETH that the said first party, for good consideration and for the sum of Dollars (\$ 1.00) paid by the said second party, the receipt when the said second party is paid by the said second party.	parant is haraby acknowledged
does hereby remise, release and guitclaim unto the said second party forever, all	•

thereto in the County of _ to wit: 32/40 #	Klamath State of Oregon Rivers Drive, Chilopain, OR 97624			
IN WITNESS WHEREOF , the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:				
Signature of Witness				
Print Name of Witness				
Signature of Witness Print Name of Witness				
Signature of Grantor Print Name of Grantor	* THOMAS R. ROACH			
to me on the basis of satis instrument and acknowled and that by his/her/their si	personally known to me (or proved sfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within dged to me that he/she/they executed the same in his/her/their authorized capacity(ies), ignature(s) on the instrument the person(s), or the entity upon behalf of which the			
person(s) acted, executed WITNESS my hand and off				
Signature of Notary				
AffiantKnown <u>^</u> Type of ID <i>Flort & D</i> (Seal)	Produced ID			
	JUAN A. SOTO Fublic, State of Florida Omission DD676507 The Applies May 20, 2011			