SE LAKES

TENMILE, OR 97481

2009-000105 Klamath County, Oregon



01/06/2009 09:19:40 AM

Fee: \$26.00

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

Qui	tcla	im	De	ed
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Date of this Document: JANUARY 5TH., 2009	
Reference Number of Any Related Documents:	
Grantor: Name GREGORY METLER Street Address Z7062 FOREST PARK LANE City/State/Zip KLAMATH FALLS, OR 97601	
Grantee: Name Street Address City/State/Zip TENMILE: OF 91481	
Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter condo name): Lots 120 and 121, THIRD ADDITION TO SPORTSMAN THE OFFICE OF FILE IN THE OFFICE OF ASSESSOR'S Property Tax Parcel/Account Number(s):	PARK AMORDING
THIS QUITCLAIM DEED, executed this FINTH (5th.) day of AND 20 09, by first party, Grantor, GREGORY J. METLER mailing address is 27062 FOREST PARK LAWE, KLAMATH FAUS, U second party, Grantee, JOHAN F. METLER whose mailing address is 77.52 HIGHWAY 42, TENMILE, OR	VARY DR 97601, whose 97481
WITNESSETH that the said first party, for good consideration and for the sum of	v acknowledged
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which the said first par thereto in the County o	ty has in and to f <i>Kunn</i>	the following	described p	parcel of	land, and	1 improve	ments an	d appurtenances
WILL PROPERT	$Y \perp D R$	310700	(REN	1	, viale of		ORFG	ON
MAP TAX LOT.	R3606-	003BD -	(REAL	<u> </u>	TE);		<u> </u>	
LEGAL: SPOR	LILIHN P	RK 3RD	ADDIT	100/	/	2		
POR VAC 5	T ADS		,,,,,,,,	IOIY,	LDI_	1209	12/	ALSO
IN WITNESS WHEREOF, sealed and delivered in the Signature of Witness	the said first par e presence of:	ty has signed a	nd sealed th	ese prese	ents the da	y and yea	r first writt	en above. Signed,
Print Name of Witness	Amen	ER BAIL	WW K					
Signature of Witness Print Name of Witness	Dai	un Si	Ch	mi	it A			
Signature of Grantor Print Name of Grantor	GRE	Lay J Goki	Har K. M.	ETLE	ER_			
State of Oregon County of Klamath)						
On/5/09 appeared	factory evidence ged to me that gnature(s) on th he instrument.) to be the pe	rson(s) who	ose nam	, per e(s) is/are	sonally kr	nown to red to the orized cap	ne (or proved within pacity(ies),
WITNESS my hand and office	cial seal.							
Signature of Notary	0							
AffiantKnownX Type of IDROL33 (Seal)	Produced ID 37 6395			MY C	OFFI ANGEL NOTARY P COMMISSION	CV 190. 4	L ER REGON 04383	