## 2009-010425

Klamath County, Oregon

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Fee: \$31.00

Recording Requested By 7

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and when recorded

mail to:

00070414200900104:

08/03/2009 08:51:18 AM

Tationa MasloFF

1620 Entre Colinas Place Pomona, CA 91760

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.] tclaim Deed Date of this Document: Reference Number of Any Related Documents: \_\_\_ Grantor: E. Markovich (aka Lillian E. Grusic) Name Street Address City/State/Zip Grantee: Name Street Address City/State/Zip Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Township 31 Range 7 Block Section 16 Tract SE4SW4SE4NW4 Acres 250 Assessor's Property Tax Parcel/Account Number(s): THIS QUITCLAIM DEED, executed this 20 09, by first party, Grantor, Lillian E. Markovich mailing address is 3201 Falcon Ridge Road second party, Grantee, Tatiuna Tanya) Pomona, CA whose mailing address is 1620 Entre Colinas WITNESSETH that the said first party, for good consideration and for the sum of \_

does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

\_\_) paid by the said second party, the receipt whereof is hereby acknowledged,

| thereto in the County of  | in and to the following describe   | , State of   | provements and appurtenances                            |
|---|--|--|---|
|   |  |  |   |
| IN WITNESS WHEREOF, the sa<br>sealed and delivered in the prese | uid first party has signed and seale<br>ence of:   | ed these presents the day a  | and year first written above. Signed,                   |
| Signature of Witness  | 26   |  |   |
| Print Name of Witness   | Epic Wise  |  |   |
| Signature of Witness  | Maria M  |  |   |
| Print Name of Witness   | MARIA M  | ASLOFF   |   |
| Signature of Grantor  | O. & Musho   | mik  |   |
| Print Name of Grantor   | LE MARKOVI   | al   |   |
| State of  | )  |  |   |
| County of   | )  |  |   |
| On  | , before me,   |  | sonally known to me (or proved                          |
| to me on the basis of satisfact instrument and acknowledged     | tory evidence) to be the person<br>If to me that he/she/they execui<br>ature(s) on the instrument the p  | (s) whose name(s) is/are<br>ted the same in his/her/tl   | subscribed to the within heir authorized capacity(ies), |
| WITNESS my hand and official                                    | l seal.  |  |   |
|   | TACHED NOTA  | ary Doci   | MENT,   |
| Signature of Notary   | and the same of th | and the same of th |   |
| AffiantKnownPi Type of ID(Seal)                                 |  | ·  |   |

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California   | ļ   |   |
|---|---|---|
| County of US ANGELES.   | J   | \   |
| On July 27th 2009 before me, JAL  | Here Insert Name and Title of the Officer   | ARY PUBLICE   |
| personally appeared LILIAN  | FILA MARKOVICH  | (   |
|   | Name(s) of Signer(s)  |   |
| JAMES NATHAN AUSTIN Commission # 1803535 Notary Public - California Los Angeles County My Comm. Expires Jun 24, 2012  Place Notary Seal Above | who proved to me on the basis of satisfate the person(s) whose name(s) (s/s/e) within instrument and acknowledge be/ene/they executed the same in bis/fig capacity(ies), and that by bis/her/their signstrument the person(s), or the entity which the person(s) acted, executed the I certify under PENALTY OF PERJUR of the State of California that the foreget true and correct.  WITNESS my hand and official seal.  Signature  Signature Of Notary Purification | subscribed to the ed to me that er/their authorized gnature(s) on the upon behalf of e instrument.  Y under the laws bring paragraph is |
| Though the information below is not required by law, in and could prevent fraudulent removal and re   | t may prove valuable to persons relying on the doc<br>eattachment of this form to another document.   | ument   |
| Description of Attached Document  |   |   |
| Title or Type of Document: QVIT CLAIM  Document Date: 7/27/09   | DEED  |   |
| Document Date: 7 77 09  | Number of Pages:  | _ 2   |
| Signer(s) Other Than Named Above:   |   |   |
| Capacity(ies) Claimed by Signer(s)  |   |   |
| Signer's Name:  Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator           | ☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator   | RIGHT THUMBPRINT<br>OF SIGNER<br>Top of thumb here  |
| Other: Signer Is Representing:  | Signer Is Representing:   | -   |
|   | l .   | 1 1   |