

TAX STATEMENTS
5131 Cottage Ave KLFs OR 97602

2009-011642

Klamath County, Oregon



00071893200900116420020025

08/31/2009 12:58:43 PM

Fee: \$26.00

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.]

Quitclaim Deed

Date of this Document: 6/19/09

Reference Number of Any Related Documents: _____

Grantor:

Name Susan Mostafa
Street Address 5131 Cottage Ave
City/State/Zip Klamath Falls OR 97603

Grantee:

Name Khalid Mostafa
Street Address 5131 Cottage Ave
City/State/Zip Klamath Falls OR 97603

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): 5131 Cottage Ave - PLEASANT HOME TRACTS No 2, Lot 143

MULT MH'S X # 94886; 149998

Assessor's Property Tax Parcel/Account Number(s): 5131 Cottage Ave

R-3909-002AC-01200-000

PROP ID: R513180

THIS QUITCLAIM DEED, executed this 19 day of June, 20 09, by first party, Grantor Susan Mostafa, whose mailing address is PO Box 7823 Klamath Falls OR 97602, to second party, Grantee, Khalid Mostafa, whose mailing address is 5131 Cottage Ave Klamath Falls OR 97603

WITNESSETH that the said first party, for good consideration and for the sum of _____ Dollars (\$ _____) 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 _____, State of _____
to wit: _____

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

State of

County of

On

appeared

6/19/09, before me, KATRINA HARDMAN, 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 X Produced ID

Type of ID DLIC 7811632
(Seal)

