

Return to Taxi Too
Patti Jackson
P.O. Box 250
Chiloquin, OR
97624

2010-000001

Klamath County, Oregon



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01/04/2010 08:26:54 AM

Fee: \$42.00

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—Oregon

Date of this Document: August 26, 2009

Reference Number of Any Related Documents: _____

Grantor:

Name Calvin L. Miller
Street Address 37945 Kugler Way
City/State/Zip Chiloquin, OR 97624

Grantee:

Name Patti J. Jackson
Street Address 3069 East Lake Ave
City/State/Zip Chiloquin, OR 97624

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): OREGON SHORES TRACT 1053, BLOCK 15, LOT 5, # EM, 7387

Assessor's Property Tax Parcel/Account Number(s): Prop ID R224368

THIS QUITCLAIM DEED, executed this 26th day of August, 2009, by first party, Grantor, Calvin L. Miller, whose post office address is, P.O. Box 1253 Chiloquin Or. 97624, to second party, Grantee, Patti J. Jackson, whose post office address is P.O. Box 250 Chiloquin, OR 97624.

WITNESSETH: That Grantor does hereby release and quitclaim to Grantee forever all right, title, interest and claim in and to the following described real property and improvements and appurtenances thereto in the County of Klamath, State of Oregon. The true consideration for this conveyance is and/or Dollars (\$) which is paid by Grantee, the receipt of which is hereby acknowledged.

Description of the Real Property, as applicable: 3069 East Lake Ave, Chiloquin, OR 97624

IN WITNESS WHEREOF, Grantor has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in the presence of:

Signature of Witness:

Gail A. Munoz

Print Name of Witness:

Gail A. MUNOZ

Signature of Witness:

Mariela Riddle

Print Name of Witness:

MARIAH RIDDLE

Signature of Grantor:

Calvin Miller

Print Name of Grantor:

Calvin Miller

Signature of Grantee:

Print Name of Grantee:

Signature of Preparer:

Print Name of Preparer:

Address of Preparer:

State of: Oregon

County of: Klamath

On 8/26/2009 before me, Diana Lang, appeared Calvin Miller, 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.

Postal address(es) of the subscriber(s):

WITNESS my hand and official seal.

Signature of Notary:

Diana Lang

Affiant: _____ Known ☒ Produced ID

Type of ID: OC
(Seal)

