

2010-005217

Klamath County, Oregon

Recording Requested By

And when recorded mail to:

Name Tami Ogden
 Street Address 5632 Cypress Ave #13
 City State Zip Carmichael, CA 95608
 L



00083489201000052170020026

05/04/2010 08:34:39 AM

Fee: \$42.00

Space above this line for recorder's use

WOLCOTT'S FORMS, INC.

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SINCE 1893

QUITCLAIM DEED

I/We, Scott & Shawna Sparks
(Name of grantor(s))
 residing at 1910 N. Mockingbird Ln., Midlothian TX 76065.
 the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise,
 release, convey and forever quit claim to Tami Ogden
(Name of grantee(s))
 residing at 5632 Cypress Ave #13, Carmichael CA 95608
 all interest in the following described real property situated in the County of Klamath
 State of Oregon

Klamath Falls Forest Estates Sycan Unit.
 The n $\frac{1}{2}$ w $\frac{1}{2}$ of Lot 18, Block 5

Assessor's parcel No. R180397

[Signature]
 AUTOGRAPH

Dated April 20, 2010.at Sacramento, CA
(City and state)

[Signature]
 AUTOGRAPH

[Signature]
 AUTOGRAPH

Mail Tax Statement to: Tami Ogden
5632 Cypress Ave #13
Carmichael, CA 95608

DOCUMENTARY TRANSFER TAX \$

- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

Autograph of Declarant or Agent Determining Tax Firm Name

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CLASS 03 #790 REV. 1-04

Individual

STATE OF Virginia }
COUNTY OF Henrico } SS.

On this 19th day of April in the year 2012, before me,
Ryan M. Pettis, a Notary Public, duly
commissioned and qualified in above said County and State,
personally appeared Scott Sperber,
☐ personally known to me or ☒ proved to me on this basis of
satisfactory evidence consisting of an identifying document or
☐ the oath of _____ 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 same.

WITNESS my hand and official seal.

[Signature]
AUTOGRAPH



Ryan M. Pettis
Commonwealth of Virginia
Notary Public
Commission No. 7130771
My Commission Expires 9/30/2011

(Seal)

Corporate or Partnership

STATE OF _____ }
COUNTY OF _____ } SS.

On this _____ day of _____ in the year _____, before me,
_____, a Notary Public, duly
commissioned and qualified in above said County and State,
personally appeared _____,
☐ personally known to me or ☐ proved to me on this basis of
satisfactory evidence consisting of an identifying document or
☐ the oath of _____ 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), as _____,
and that by his/her/their signature(s) on the instrument on behalf of
_____, a _____,
organized under the laws of _____,
executed the same.

WITNESS my hand and official seal.

AUTOGRAPH

(Seal)