

Prepared by:
KARLA CARNES ALLEN, ESQ.
10019 Park Place Avenue
Riverview, FL 33578

When recorded return to:
KARLA CARNES ALLEN, ESQ.
10019 Park Place Avenue
Riverview, FL 33578

Mail Tax Statements to:
Michael T. and Linda R. Denk
6318 Wisteria Lane
Apollo Beach, FL 33570

2010-007612
Klamath County, Oregon



00086259201000076120010010

06/23/2010 08:35:18 AM

Fee: \$37.00

(Space above this line reserved for recording office use only)

QUIT-CLAIM DEED

1. IDENTIFICATION OF GRANTOR

Grantor's name and address is: Michael T. Denk
6318 Wisteria Lane
Apollo Beach, FL 33570

The word "I" or "me" as hereafter used means the Grantor.

2. IDENTIFICATION OF GRANTEE

Grantee's name and address is: Michael T. Denk and Linda R. Denk
as Trustees of the Denk Family Revocable Trust Dated June 3, 2010
6318 Wisteria Lane
Apollo Beach, FL 33570

The word "you" as hereafter used means the Grantee.

3. MEANINGS OF TERMS

The terms "I," "me," "you," "grantor," and "grantee," shall be non-gender specific ((i) masculine, (ii) feminine, or (iii) neuter, such as corporations, partnerships or trusts), singular or plural, as the context permits or requires, and include heirs, personal representatives, successors or assigns where applicable and permitted.

4. DESCRIPTION OF REAL PROPERTY CONVEYED

Property hereby conveyed (the "Real Property") situated in the County of Klamath, and State of Oregon, is described as follows:

BLOCK 28, LOT 22, OF THE 4th ADDITION TO NIMROD RIVER PARK as shown on map in official records of said county.

The Property Appraiser's Parcel Identification Number is R-3610-012A0-08500-000.

5. CONSIDERATION

Good and valuable consideration plus the sum of Ten Dollars (\$10.00) received by me from you.

6. CONVEYANCE OF REAL PROPERTY

For the consideration described in Paragraph 5, I convey, remise (to give up a claim), and quit claim (transfer without warranty) to you any interest I may have in and to the Real Property.

Executed on 6-03-, 2010.

Michael T. Denk 6-03-2010
Michael T. Denk (Date)

Signed in the presence of:

Signed in the presence of:

[Signature] 6/3/10 [Signature] 6/3/10
(Witness) (Date) (Witness) (Date)
Bralynae L. M. Meyers Emily A. Harris
(Printed Name) (Printed Name)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 3 day of June, 2010, by Michael T. Denk, who personally known to me or has produced _____ as identification.

Karla Carnes Allen
Notary Public - State of Florida

