

Tax Statement to:
Lisa Hamilton
55415 Barksdale
Osceola, IN
46564

LF298-04

2010-009395
Klamath County, Oregon



08/09/2010 10:27:12 AM

Fee: \$42.00

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 19 day of July, (year), 2010

by first party, Grantor, Reva M. Moody
whose post office address is 722 N. Twyckenham Dr.
South Bend, IN 46617.
to second party, Grantee, Lisa Hamilton
whose post office address is 55415 Barksdale
Osceola, IN 46564

WITNESSETH, That the said first party, for good consideration and for the sum of

ONE Dollar Dollars (\$ 1.00) 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

Klamath, State of Oregon to wit:

Klamath Falls Forest Estates, Sycan Unit

Block 10, Lot 4 N2W2, Acres 9.86

Account N): R179997

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

Connie Wilson
Signature of Witness

Connie Wilson
Print name of Witness

Reva M. Moody
Signature of First Party

Reva M. Moody
Print name of First Party

Signature of Witness

Print name of Witness

Signature of First Party

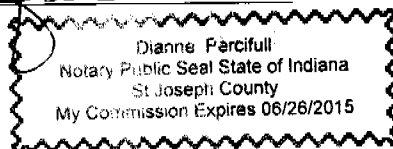
Print name of First Party

State of Indy
County of St. Joseph

On July 19, 2010 before me, DIANNE PERCIFULL
appeared REVA M MOODY

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.

Dianne Percifull
Signature of Notary



Affiant Known Produced ID X
Type of ID Indy License 8901-09-9916
(Seal)

State of _____
County of _____
On _____
appeared _____

before me,

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 Produced ID _____
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer