

RECORDING REQUESTED BY

2010-010362

Klamath County, Oregon



00089583201000103620010018

09/01/2010 10:25:13 AM

Fee: \$37.00

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME MICHAEL E. ARBUCKLE
STREET ADDRESS 6288 SYLVAN DR.
CITY, STATE & ZIP CODE SIMI VALLEY, CA. 93063
TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ _____

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

Signature of Declarant or Agent Determining Tax

Firm Name

HARVEY LOTTERMOSER

(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to MICHAEL ARBUCKLE

(NAME OF GRANTEE(S))

the following described real property in the City of BEATTY, County of KLAMATH, State of OR.
OREGON

LOTS 32,40, 46, and 47, BLOCK 15; LOT 20. BLOCK 23; LOT 7, BLOCK 24. TRACT 1010.
FIRST ADDITION TO FERGUSON MOUNTAIN PINES, SITUATED IN SECTION 33, TOWNSHIP 35 SOUTH,
RANGE 13 EAST OF WILLAMETTE MERIDIAN.

Assessor's parcel No. (1)R297039 (2)R296904 (3)R296842 (4)R296833 (5)R298038 (6)R298234

Executed on _____, at _____

(CITY AND STATE)

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

HARVEY LOTTERMOSER

On JAN 31, 2009 before me, SHARON K. YOHO, NOTARY PUBLIC

(NAME/TITLE, i.e., JANE DOE, NOTARY PUBLIC)

personally appeared HARVEY LOTTERMOSER 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) (SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☒ INDIVIDUAL(S)

☐ CORPORATE

OFFICER(S)

(TITLES)

☐ PARTNER(S) ☐ LIMITED

☐ ATTORNEY IN FACT ☐ GENERAL

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER:

MAIL TAX STATEMENTS TO: MICHAEL E. ARBUCKLE
6288 SYLVAN DR. SIMI VALLEY CA 93063

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



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SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies))