RECORDING REQUESTED BY:

Roger & Saundra Kilian

WHEN RECORDED MAIL TO AND MAIL TAX STATEMENTS TO:

KILIAN FAMILY TRUST 7/18/1998 Roger and Saundra Kilian 2390 Royal Crest Dr. Escondido, CA 92025 2010-013933 Klamath County, Oregon



12/08/2010 08:12:03 AM

Fee: \$42 nn

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX IS \$9 (transfer to a revocable trust)

UNINCORPORATED AREA

KLAMATH FALLS
Parcel No. R266919

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledge,

ROGER AND SAUNDRA KILIAN

Hereby REMISES, RELEASES AND FOREVER QUITCLAIMS TO

ROGER KILIAN AND SAUNDRA KILIAN, or their named Successor Trustees, of THE KILIAN FAMILY TRUST executed by Roger and Saundra Kilian on July 18, 1998.

ALL OF THEIR RIGHT, TITLE AND INTEREST in the following described real property in the City of Klamath Falls, County of Klamath, State of Oregon:

The SW ¼ of the NE ¼ of Section 25, Township 35 of South, Range 10 of the Willamette Meridian, Klamath County, Oregon

Date: //-22-2010

/ Mun 11

PLEASE SEE ATTACHEN
SAUNDRA KILIAN

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California who 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(stracted, executed the instrument. OFFICIAL SEAL ERICA STARR TARY PUBLIC-CALIFORNIA COMM. NO. 1790203 SAN DIEGO COUNTY I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is MY COMM, EXP. FEB, 27, 2012 true and correct. WITNESS my hand and official seal. Place Notary Seal Above OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Title or Type of Document: Qui Talain Number of Pages: Document Date: __ Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name:_ Signer's Name: ___ ∐ Individual

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RIGHT THUMBPRINT OF SIGNER

Top of thumb here

☐ Corporate Officer — Title(s): __

[] Guardian or Conservator

Signer Is Representing: ___

☐ Attorney in Fact

□ Trustee

□ Other:

□ Partner — □ Limited □ General

Top of thumb here

☐ Individual

□ Trustee

☐ Other: _

Attorney in Fact

☐ Corporate Officer — Title(s):

□ Guardian or Conservator

Signer Is Representing: _

□ Partner — □ Limited □ General