TAXESTO AnThony + DonnA BIXIER 27233 ROCKY FOUT Rd KLAMATH FALLS OR 9760/ 2013-002329 Klamath County, Oregon



03/04/2013 11:39:07 AM

Fee: \$42.00

QUITCLAIM DEED

Notice: This is a legally binding document. Consult your attorney if you do not understand any part of it.

THIS QUITCLAIM DEED, is made on the 28 ^{TD} day of FEBRUARY 30 13. MARK O BARBARA BIXLER, TRUSTEES OF THE MARK O BARBARA by and between, TRUST DATED NOVEMBER 2, 2005 ("First Party") whose
by and between, TRUST DATED NOVEMBER 7, 2005 ("First Party") whose
residence and/or mailing address is 807 ANITA ST, REDONDO BEACH, CA 90278 ANTHONY B. BYLER AND DONNA M. BIXLER, TRUSTEES OF THE BIXLER and REVOCABLE TRUST DATED JUNE 3, 2003 ("Second Party") whose
residence and/or mailing address is 27233 ROCKY POINT ROAD, KLAMATH FALLS, OR 9760
In consideration for the sum of
Description of Property (including any improvements)
LOT 8 OF HARRIMAN PARK, KLAMATH COUNTY, OR MAP TO STORE SHOULD SH
A Company of the second of the
Add release of Dower, Curtesy or other Spousal Rights, if applicable:
TO HAVE AND TO HOLD the above described property unto the Second Party, and the Second Party's executors, administrators, successors and assigns forever.
It is understood that this conveyance is made without covenants or warranties of any kind, either express or implied.
IN WITNESS WHEREOF, the First Party has signed and sealed this Quitclaim Dccd on the above date.
Witnesses: Witnesses: Witnesses: Witnesses: Witnesses: Davini Buti Trustee (L.S.)
Davina Bute Trustee
Second Party
(L.S.)



	California		
STATE OF	CALIFORNIA OF LOS ANGELES	SS:	
COUNTY	OF Los Hugeles	$(\mathcal{D}, \mathcal{D})$	
On Fe	B 28 20 3 bef (date)	ore me, Jacqueline A Hobinson (name and title of officer taking Acknowledgement)	
	(date)	, personally appeared	
			_
	MARK BU	Ler and Barbira Antha Buller	_
personally	known to me (or prove	(name(s) of person(s) signing instrument) to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed	t
the within i his/her/thei	nstrument and acknow signature(s) on the inst	edged to me that he/she/they executed the same in his/her/their authorized capacity(ics), and that rument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrume	t nt
		WITNESS my hand and official soul	
		WITNESS my hand and official seal.	
		\bigcap	
		Signature 4 Pal	
		Signature	
		JACQUELINE A. ROBINSON	
	·	Commission # 1902963 Motary Public - California	
		My Comm. Expires See 5, 2014	
Read the		information on the package. When using this form you will be acting as your own attorney since Rediform, its advisors and retailers do services. Rediform, its advisors and retailers assume no liability for loss or damage resulting from the use of this form.	
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