2014-002232 Klamath County, Oregon



03/17/2014 08:36:36 AM

Fee: \$52.00

RECORDING REQUESTED BY Elizabeth Thomas

AND WHEN RECORDED MAIL TO:

Warren Poppe 5111 Lillian Street Torrance, CA 90503

MAIL TAX STATEMENTS TO:

Elizabeth Thomas 1352 Bothwell Avenue Colton, CA 92324

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

The undersigned declare under penalty of perjury that the following is true and correct:

THIS QUITCLAIM DEED, made and entered into on the harday of work.

20 / harday, between Elizabeth Thomas, a single person, whose address is 1352 Bothwell Avenue, Colton, California 92324 ("Grantor"), and Warren Poppe, a married person, whose address is 5111 Lillian Street, Torrance, California 90503 ("Grantee").

For valuable consideration, the receipt of which is hereby acknowledged, Grantor hereby Remises, Releases, AND FOREVER Quitclaims to Grantee, an undivided 50.0% tenant in common interest in the following described property located in the City of Klamath Falls, County of Klamath, State of Oregon:

Lot 51; Pleasant Home Tracts No 2 in the County of Klamath, State of Oregon

Map: R-3909-002AD-03700-000

Address: 2142 Madison Street, Klamath Falls, Oregon 97603

Tax Parcel No. R513992

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

EXPRESSLY RESERVING unto the Grantor and the Grantor assigns a life estate in the above described property. The Grantor shall have 50.0% ownership and possession, and all use of the property, as well as the rents, revenues, and profits generated by the property during the term of the Grantor's natural life, and upon the expiration of the Grantor's natural life, the Grantor's interest in the above described property shall revert to the Grantee.

Grantor grants 50.0% of the Grantor's rights, title and interest in and to all of the above described property and premises to the Grantee, and to the Grantee's heirs and assigns forever in fee simple, so that neither Grantor nor Grantor's heirs legal representatives or assigns shall have,

thereof. RE: Tax Parcel No. R513992 (2142 Madison Street, Klamath Falls, OR 97603) IN WITNESS WHEREOF the Grantor has executed this deed on the but day of March, 2014. State of California County of San Barnardino instrument acknowledged before was me on the of by Elizabeth Thomas. , 20 14 March Notary Public-State of California My Commission expires: November 18, 2017 IN WITNESS WHEREOF the Grantee has executed this deed on the day of MARCH, 2014.

claim, or demand any right or title to the property, premises, or appurtenances, or any part

State of CALIFORNIA County of Los Angeles

acknowledged before me on the ,20 14 by WAFFEN Pappe This instrument was of March

Notary Public-State of California

My Commission expires: 1-27-2018

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

County of San Bernardino	
On <u>March 6, 2014</u> before me, <u>Teresa Gonzalez</u> , <u>Notary Public</u> , (Here insert name and title of the officer) personally appeared <u>Elizabeth</u> Thomas	
the within instrument and acknowledged to me the	dence to be the person(s) whose name(s) (s) are subscribed to nat he she they executed the same in his he their authorized) on the instrument the person(s), or the entity upon behalf of at.
I certify under PENALTY OF PERJURY under the is true and correct.	he laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	TERESA GONZALEZ Commission No. 2049299 NOTARY PUBLIC-CALIFORNIA RIVERSIDE COUNTY My Comin. Expires ROVEMBER 18, 2017
DESCRIPTION OF THE ATTACHED DOCUMENT Quitclaim Deed (Title or description of attached document) (Title or description of attached document continued) Number of Pages 2 Document Date 3/6/14	PTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California, In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
2142 Madison St. Klamath Falls, Dregon (Additional information) 97403	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/hey, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this
☐ Trustee(s) ☐ Other	acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document.

State of California