

2014-002589

Klamath County, Oregon



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03/25/2014 11:39:42 AM

Fee: \$47.00

Recording requested by: \_\_\_\_\_

Space above reserved for use by Recorder's Office

When recorded, mail to: Send day's statement

Document prepared by: \_\_\_\_\_

Name: Nathan Libarios

Name \_\_\_\_\_

Address: 4253 Altamont Dr

Address \_\_\_\_\_

City/State/Zip: Klamath Falls, OR 97603

City/State/Zip \_\_\_\_\_

Property Tax Parcel/Account Number: \_\_\_\_\_

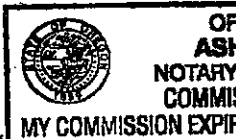
## Quitclaim Deed

This Quitclaim Deed is made on March 25, 2014, betweenWilliam LW Hartsfield, Grantor, of 4253 Altamont Dr\_\_\_\_\_, City of Klamath Falls, State of Oregon,and Nathan Libarios, Grantee, of 4253 Altamont Dr\_\_\_\_\_, City of Klamath Falls, State of Oregon.(0 dollars)

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs

and assigns, to have and hold forever, located at 4253 Altamont Dr\_\_\_\_\_, City of Klamath Falls, State of Oregon:

R-3909-010DC-03600-00  
CASINAS LOT 18



Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of 2014 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

# INDIVIDUAL ACKNOWLEDGMENT

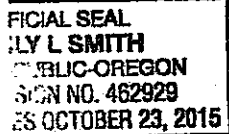
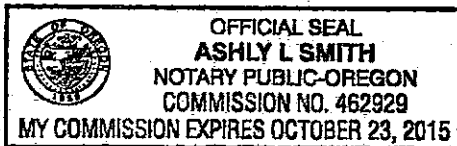
State/Commonwealth of Oregon } ss.  
County of Klamath

On this the 25 day of March, 2014, before  
me, Ashly L. Smith, the undersigned Notary  
Public, personally appeared William Hartsfield  
Name(s) of Signer(s)

☐ 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 for the purposes therein  
stated.



WITNESS my hand and official seal.

Ashly L. Smith  
Signature of Notary Public  
Commission expires 10.23.15  
Other Required Information (Printed Name of Notary, Residence, etc.)

Place Notary Seal and/or Any Stamp Above

## OPTIONAL

Although the information in this section 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: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

Right Thumbprint  
of Signer

Top of thumb here