

2014-008120

Klamath County, Oregon



00156933201400081200020021

08/05/2014 10:18:34 AM

Fee: \$47.00

After recording return to:  
Helen Lee  
12369 Downey Ave.  
Downey, CA 90242

Until requested otherwise, send all tax statements to:  
Helen Lee  
12369 Downey Ave.  
Downey, CA 90242

Space Above Reserved for Recorder's Use

QUITCLAIM DEED - STATUTORY FORM

*CONSIDERATION 0*

HELEN LEE as Grantor, whose property address is 12369 Downey Ave., Downey, CA 90242, releases and quitclaims to

HELEN Y. LEE, trustee of the LEE family living trust dated January 16, 2001, as Grantee, whose property address is 12369 Downey Ave., Downey, CA 90242, all right, title and interest in and to the following described real property:

**TWP 35 RNGE 11, BLOCK SEC 19, TRACT E2W2E2W2S2NE4, ACRES 5.00, DATED 01/22/1992.**

**APN: R275393**

**Property Address: Land**

The true consideration for this conveyance is \_\_\_\_\_ *0* \_\_\_\_\_

Dated: 6-4-14

+ *Helen Lee*  
Helen Lee, By Robert G. Lee, Attorney in Fact

+ *Robert G. Lee*  
Robert G. Lee

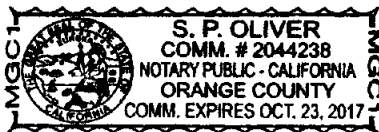
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**  
**CIVIL CODE § 1189**

State of California

County of ORANGE

On 6-4-14 before me, S.P. OLIVER, NOTARY PUBLIC  
Date Here Insert Name and Title of the Officer

personally appeared ROBERT G. LEE  
Name(s) of Signer(s)



Place Notary Seal Above

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(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Signature]  
Signature of Notary Public

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- ☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- ☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_