NO PART OF ANY STEVENS-NESS FORM MAY BE REPR

2014-009535 Klamath County, Oregon



09/12/2014 01:58:59 PM

Fee: \$62.00

SPACE RESERVED FOR RECORDER'S USE

JAMES WASSON & DENISE WASSON 546 GOLF LINK DRIVE FRESNO, CA 93727 JOHN WASSON 2831 BUSH STREET BONANZA, OR 97623

Grantee's Name and Addre ofter recording, return to (Name and Address): JOHN WASSON PO BOX 221 BONANZA, OR 97623 Until requested otherwise, send all tax statements to (Name and Add JOHN WASSON PO BOX 221 BONANZA, OR 97623

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that _JAMES AND DENISE WASSON

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto _

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in KLAMATH

County State of Oregon described as follows: (January 1) ___ County, State of Oregon, described as follows (legal description of property):

Parcel 1: Lots 1 and 2, Block 15, First Addition to the Town of Bonanza, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Parcel 2: Lots 7, 8 and 9 of Block 16, First Addition to the Town of Bonanza, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$_____0_ actual consideration consists of or includes other property or value given or promised which is \square part of the \bowtie the whole (indicate which) consideration. (The sentence between the symbols o, if not applicable, should be deleted. See ORS 93.030.)

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes

signature on behalf of a business or other entity is made with the authority of that entity. SIGNATURE ON BEHALT OF A BUSINESS OF Other Entity IS MADE WITH THE AUTHORITY BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010, THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 105.201 AND 105.205 TO 105.226 AND SECTIONS 5 TO 11 CHAPTER 424 OREGON LAWS 2007 SECTIONS 2

State of California	
County of FRESNO	
On September 3, 2014 , before me, TOI	NY GONZALEZ, NOTARY PUBLIC ,
Date (Here	e insert name and title of the Officer)
personally appeared JAMES EARL WASSON AND	DENISE HOLT WASSON ,
who proved to me on the basis of satisfactory evidence to be the the within instrument and acknowledged to me that he/she/the capacity(ies), and that by his/her/their signature(s) on the instrument which the person(s) acted, executed the instrument.	y executed the same in his/her/their authorized
I certify under PENALTY OF PERJURY under the laws of the State true and correct.	e of California that the foregoing paragraph is
WITNESS my hand and official seal. My Jongales Senature of Notary Public	TONY GONZALEZ Commission # 1943538 Notary Public - California Fresno County My Comm. Expires Jul 9, 2015
	tary Seal)
ADDITIONAL OPTIONAL	LINFORMATION
	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	Any acknowledgment completed in California must contain verbiage exactly as
	appears above in the notary section or a separate acknowledgement form must be
	properly completed and attached to that document. The only exception is if a
(Title or description of attached document)	document is to be recorded outside of California. In such instances, any alternative
	acknowledgment verbinge as may printed on such a document so long as the
(fitle or description of attached document continued)	verbiage does not require the notary to do something that is illegal for a notary in
Number of Pages Document Date	California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form it required.
	•State and County information must be the State and County where the document
(Additional information)	signer(s) personally appeared before the notary public for acknowledgement.
	Date of notarization must be the date that the signer(s) personally appeared which purel play by the curry date the segrecular ground respect to complete d.
	must also be the same date the acknowledgement 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 tile (rotary public).
والمنافي والمنافية والمنافية والمنافية والمنطقة والمنافية والمنطقة والمنافية والمنافية والمنافية والمنافية والمنافية	Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER	notarization.
☐ Individual(s)	•Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
Corporate Officer	he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
(Title)	 The notary seal impression must be clear and photograhically reproducible.
Partner(s)	Impression must not cover text or lines. If seal impression smudges, re-seal if a
Attorney-in-Fact	sufficient area permits, otherwise complete a different acknowledgment form.
Trustee(s)	•Signature of the notary public must match the signature on file with the office of
Other:	the county elerk.
	▼ Additional information is not required but could help to ensure this
	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		
County of FRESNO		
OnSeptember 3, 2014 , before me,	TONY GONZALEZ, NOTARY PUBLIC ,	
Date	(Here insert name and title of the Officer)	
personally appeared JAMES EARL WASSON	AND DENISE HOLT WASSON ,	
who proved to me on the basis of satisfactory evidence to I the within instrument and acknowledged to me that be/sl capacity(ies), and that by his/her/their signature(s) on the which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the	be the person(s) whose name(s) is/are subscribed to ne/they executed the same in his/her/their authorized e instrument the person(s), or the entity upon behalf of	
WITNESS my hand and official seal. Ony Jonnaly Signature of Notary Public	TONY GONZALEZ Commission # 1943538 Notary Public - California Fresno County My Comm. Expires Jul 9, 2015 (Notary Seal)	
ADDITIONAL OPTIONAL INFORMATION		
Citle or description of attached document) (Title or description of attached document continued) Number of Pages Document Date	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in Califorma must contain verbiage exactly as appears above in the notary section or a separate acknowledgement 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 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.	
(Additional information)	•State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgement. •Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgement is completed.	
	must also be the same date the acknowledgement 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 tile (notary public). Print the name(s) of document signer(s) who personally appear at the time of	
CAPACITY CLAIMED BY THE SIGNER	notarization.	
☐ Individual(s) ☐ Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. -he/she/Heey, is/ere) or circling the correct forms. Failure to correctly indicate this 	
Partner(s) Attorney-in-Fact Trustee(s) Other:	information may lead to rejection of document recording. The notary seal impression must be clear and photograhically 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 fielp to ensure this acknowledgment is not required on the object to ensure this	
	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 elsimed 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

Jurat
State of California
County of Fresno
Subscribed and sworn to (or affirmed) before me on this 3rd day of SEPTEMBER
20 14 by JAMES EARL WASSON AND DENISE HOLT WASSON
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Jony
OPTIONAL INFORMATION
INSTRUCTIONS FOR COMPLETING THIS FORM The wording of all Jurats completed in California after January 1, 2008, must

(Title or description of attached document) (Title or description of attached document continued) Number of Pages Document Date (Additional information)

The wording of all Jurats completed in California after January 1, 2008, must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- •State-and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- •Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- •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 jurat form.
 - ▼ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ▼ Indicate title or type of attached document, number of pages and date.
- •Securely attach this document to the signed document

Jurat		
State of California		
County of Fresno		
Subscribed and swern to (or affirmed) before me on this 3rd	day of SEPTEMBER	
20 14 by JAMES EARL WASSON AND DENI	ISE HOLT WASSON	
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Jony Donal Signature (N	TONY GONZALEZ Commission # 1943538 Notary Public - California Fresno County My Comm. Expires Jul 9, 2015	
OPTIONAL INFORMATION		
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DESCRIPTION OF THE ATTACHED DOCUMENT (Title or description of attached document) (Title or description of attached document continued) Number of Pages _____ Document Date (Additional information)

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- •Securely attach this document to the signed document