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NO PART OF ANY STEVENS-NESS FORM MAY BE R

2015-005238

Klamath County, Oregon



00169914201500052380020029

05/22/2015 11:59:13 AM

Fee: \$47.00

SPACE RESERVED
FOR
RECORDER'S USE

Finis C Burgess Box 655 Alta, CA 95701
 Barbara Meade Box 746 Alta, CA 95701
 Acting in behalf of Jewel Burgess

Grantor's Name and Address

Thomas M Tully

PO Box 746

Alta, CA 95701

Grantee's Name and Address

After recording, return to (Name and Address):

Thomas M Tully

Box 746

Alta, CA 95701

Until requested otherwise, send all tax statements to (Name and Address):

Same as above

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Finis C Burgess and Barbara L Meade
ACTING IN BEHALF OF Jewel F Burgess (Power of Attorney)
 hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto
Thomas M Tully

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 (legal description of property):

Lot 4, Block 44 First Addition to Klamath Forest Estates
 according to the official plot thereof on file in the
 office of the County Clerk of 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 \$ to convey title. ① However, the
 actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate
 which) consideration. ① (The sentence between the symbols ①, 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
 shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument on May 21, 2015; any
 signature on behalf of a business or other entity is made with the authority of that entity.

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 DETER-
 MINE 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,
 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2

Barbara Meade

Finis C Burgess

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Placer

On 5.21.2015 before me, Barbara A Kelly Notary Public
Date Here Insert Name and Title of the Officer

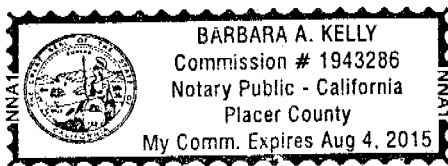
personally appeared Barbara Meade
Name(s) of Signer(s)

Finis C Burgess

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 Barbara A Kelly
Signature of Notary Public

Place Notary Seal Above

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: Quit Claim Deed Document Date: 5.21.15
Number of Pages: 2 Signer(s) Other Than Named Above: None

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 Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____