

Returned at Counter

After recording return to:
Crater Lake RV Resort LLC
10 Alamo Lane
Alamo, CA 94507

2015-013956

Klamath County, Oregon



00180424201500139560030033

12/31/2015 09:09:34 AM

Fee: \$52.00

Until a change is requested all tax statements
shall be sent to the following address:

Crater Lake RV Resort LLC
10 Alamo Lane
Alamo, CA 94507

Grantor's Name and Address:

Michael R. Hester
Janice K. Hester
10 Alamo Lane
Alamo, CA 94507

Grantee's Name and Address:

Crater Lake RV Resort LLC
10 Alamo Lane
Alamo, CA 94507

QUITCLAIM DEED -STATUTORY FORM

Michael R. Hester and Janice K. Hester, as tenants by the entirety, Grantor, releases and quitclaims to **Crater Lake RV Resort LLC, a Limited Liability Company**, Grantee, all right, title and interest in and to the following described real property situated in Klamath County, Oregon, to-wit:

Parcel I of Minor Land Partition 39-90, situated in the West ½ of the West ½ of Section 26, Township 33 South, Range 7 ½ East of the Willamette Meridian, Klamath County, Oregon.

The true consideration for this conveyance is for purposes of funding the limited liability company.

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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 92010 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, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2-7, CHAPTER 8, OREGON LAWS 2010.

DATED: 12/21, 2015.

Michael R. Hester

Janice K. Hester

QUITCLAIM DEED

Page 1 of 2

STATE OF CALIFORNIA)
)ss.
County of _____)

SEE ATTACHED ACKNOWLEDGMENT

This instrument was acknowledged before me on _____, 2015, by Michael R. Hester
and Janice K. Hester.

Notary Public for California
My commission expires: _____

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 ALAMEDA)

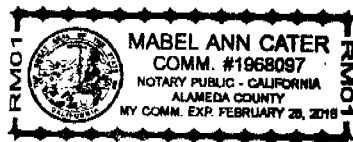
On December 22, 2015 before me, Mabel Cater, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Michael R. Hester and Janice K. Hester
Name(s) of Signer(s)

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 *Mabel Cater*
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: 12/21/15

Number of Pages: TWO 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 Is Representing: _____

Signer's Name: _____

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

Signer Is Representing: _____