2015-013977 Klamath County, Oregon



12/31/2015 02:13:06 PM

Fee: \$72.00

Heritage Trust P.O. Box 66972 Scotts Valley, CA 95067 (831) 438-5047

Recording requested by and when recorded return to and MAIL TAX STATEMENTS TO:

Daniel and Shirley Dilsaver 144450 Birchwood Rd. La Pine, OR 97739

Quit Claim Deed

The undersigned declares that the documentary transfer tax is -0-.

Exempt: not a sale, transfer to trustees. This transfer is being made to effectuate an estate plan.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Grantor(s):

Daniel E. Dilsaver and Shirley Z. Dilsaver 144450 Birchwood Rd. La Pine, OR 97739

(Owners have present possessory rights at the property indicated herein)

Quit Claim Deed Page 1 of 3

This Quit Claim Deed does not constitute the rendering of legal advice or services. This product is intended for information use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not necessarily prepared by a person licensed to practice law in your state.

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hereby quit claim to Grantee(s) :	
The Daniel E. Dilsaver and Shirley Z. Dilsaver and Shirley Z. Dilsaver and Shirley Z. Dilsaver	<u> </u>
the beneficiaries of which are the Grantors, all real property in the City of La Pine, County of	rights, titles and interests in and to the following described f Deschutes , State of Oregon , described as:
Street: 144450 BIRCHWOOD DR. Township: 23 Range: 10 Section Lot: 94 Legal: SUN FOREST ESTATES, BI Zone: R1 Minimum Setbacks	
Daniel E. Dilsaver	Shirley 3 Pilsaver Shirley Z. Dilsaver
Witness #1	Printed name of Witness #1
Witness #2	Printed name of Witness #2

* The following notarization is intended for the Gra	antor(s)' signature(s) only.
State of Oregon	
County of Klamath	
On DUMBLY 31 2015 before me, NAMI	<u> </u>
personally appeared Daniel E Dill	aver and Shirley 2 Dilsaver,
to be the person(s) whose name(s) is/are/sume that he/she/(they) executed the same	who proved to me on the basis of satisfactory evidence abscribed to the within instrument and acknowledged to in his/he/their authorized capacity(ies), and that by the person(s) or the entity upon behalf of which the Vitness my hand and official seal.
OFFICIAL STAMP SAMANTHA JEENE YATES NOTARY PUBLIC-OREGON COMMISSION NO. 942923 MY COMMISSION EXPIRES SEPTEMBER 21, 2019	My Commission Expires John 21,2019
	Affiant Known Produced ID Type of ID (Seal)
	Signature of Preparer
	Printed Name of Preparer
	Address of Preparer