Recording Requested by Julie Gift

When recorded mail to: Julie Gift 749 E. Lemon Drive Camarillo, CA 93010 2016-002155 Klamath County, Oregon

02402050201500021550020022

02/26/2016 08:17:43 AM

Fee: \$47.00

space above this line for Recorder's use\_\_\_\_\_

Mail tax statement to Julie Gift 749 E. Lemon Drive Camarillo, CA 93010

Transaction between parents and daughter

## **Quit Claim Deed**

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

George L. Anderson and Lois P. Anderson, husband and wife, as joint tenants

Herein GRANT to

George L. Anderson and Lois P. Anderson, (husband and wife), and Julie Gift, (daughter), a single woman, as joint tenants

The following described real property in the city of Crescent Pines, county of Klamath state of Oregon:

Lot 3 in Block 3 of Tract 1052, CRESCENT PINES, according to the official Plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Property address: Known as Bearskin Road

Dated 12-22-2015

George L. Anderson

Lois P. Anderson

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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 V1ntv1a )	
Date	The Elizabeth Modine, Notary Public Here Insert Name and Title of the Officer
personally appeared	Name(s) of Signer(s)
George L. Anderson and	Luis P. Anderson
subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) is/are vieldged to me that be/she/they executed the same in his/ber/their signature(s) on the instrument the person(s), acted, executed the instrument.
SARAH ELIZABETH MODINE Commission # 2003638 Notary Public - California	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 of Notary Public
	j ,
Place Notary Seal Above	OTIONIAL .
Though this section is optional, completing this	PTIONAL s information can deter alteration of the document or is form to an unintended document.
Description of Attached Document	dd D : 12.22.200
Number of Pages:/ Signer(s) Other Th	Arrd Document Date: 12:22:2015  an Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:    Corporate Officer — Title(s):	Signer's Name:
☐ Corporate Officer — Inte(s): ☐ Partner — ☐Limited ☐ General	□ Corporate Officer — True(s):
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator ☐ Other:	☐ Trustee ☐ Guardian or Conservator
Signer Is Representing:	Signer Is Representing: