

2016-006751

Klamath County, Oregon



00188615201600067510010014

06/27/2016 02:28:01 PM

Fee: \$42.00

Recording Requested By

And when recorded mail to:

Name

Street
AddressCity
State
Zip

L

Space above this line for recorder's use

WOLCOTTS FORMS, INC.

SINCE 1893

QUITCLAIM DEED

CONSIDERATION IS \$

DOCUMENTARY TRANSFER TAX \$

- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and
 encumbrances remaining at time of sale.

Autograph of Declarant or Agent Determining Tax Firm Name

I/We, CHARLES EDWIN LUMMUS (SR.)

(Name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release, *
 convey and forever quitclaim to CHARLES EDWIN LUMMUS (JR.) CHARLES E. LUMMUS (SR.)

(Name of grantee(s))

the following described real property in the City of KLAMATH FALLS, County of KLAMATH, State of OREGON
TOWNSHIP 39, RANGE 9, BLOCK 3, TRACT PARTITION 65-96, PARCEL 1
MAP LOT NUMBER R 3909 3 DB 3100
COMMONLY KNOWN AS 2611 BISBEE STREET, KLAMATH FALLS, OREGON

* KEVIN RAY LUMMUS, MICHELLE L. LUMMUS, ALL WITH RIGHTS TO 97603
SURVIVERSHIPExecuted on June 27 2016, in the City of KLAMATH FALLS, State of OREGON

Assessor's parcel No. _____

Charles Edwin Lummus (SR.)
CHARLES EDWIN LUMMUS (SR.)
STATE OF OregonCOUNTY OF KlamathOn 6/27/16 before me, Heather Anne Sciurba, NotaryPublic, personally appeared Charles EdwinLummus SR

personally known to me (or 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.

WITNESS my hand and official seal.

Signature

(Seal)



OFFICIAL STAMP
 HEATHER ANNE SCIURBA
 NOTARY PUBLIC - OREGON
 COMMISSION NO. 923466
 MY COMMISSION EXPIRES JANUARY 09, 2018

MAIL TAX NO CHANGE

STATEMENTS TO: _____

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 If you have any question, it is always best to consult a qualified attorney before
 using this or any legal document. ©2005 WOLCOTTS FORMS, INC.

CAPACITY CLAIMED BY SIGNER(S)

- ☐ Individual(s)
☐ Corporate
 Officer(s) _____
☐ Partner(s) Limited General
☐ Attorney in Fact
☐ Trustee
☐ Guardian/Conservator

RIGHT THUMBPRINT (Optional)

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FORM 790 REV. 10-05