

07/26/2016 09:08:45 AM

Fee: \$62.00

## **Quitclaim Deed**

RECORDING REQUESTED BY Edwin R. Evensan
AND WHEN RECORDED MAIL TO:
CRIC Edwin Evenson, Grantee(s) AND TAX STATEMENTS,
29489 Via las Cloiwas, # BY
Tenecula, CA 92592
Consideration: \$
Property Transfer Tax: \$
Assessor's Parcel No.: Deigon Pine Tract, Lot 15, BIK47, Beaty, OR 97621
PREPARED BY: Deama Bukep certifies herein that he or she has prepared
this Deed.
Signature of Preparer  Date of Preparation
Deans Bishop
Printed Name of Preparer
THE CHITCH ANA DEED, assessed as
THIS QUITCLAIM DEED, executed on in the County of
by Grantor(s), Edwid R. Evenson,
by Grantor(s), Edw. Evenson,
whose post office address is Po Box 267, Beatly, DR 97621,
to Grantee(s). ERIC & FURNEON)
whose post office address is 29489 Via Las Chinas #154, Tem carla CA 92592
WITNESSETH, that the said Grantor(s), Edwin R. Evenson,
for good consideration and for the sum of one of the other than the content of the sum of the other than the content of the sum of the other than the ot
(\$_1 ob) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,
the receipt whereon is hereby acknowledge.
does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have	
land, and improvements and appurtenances there	to in the County of <u>Klamath</u> ,
State of Olegan and more specific	
to this Quitclaim Deed, which is attached hereto ar	
IN WITNESS WHEREOF, the said Grantor(s) has s year first above written. Signed, sealed and delive	
GRANTOR(S):	
law hear	
Signature of Grantor	Signature of Second Grantor (if applicable)
Edwin R. Evenson	
Print Name of Grantor	Print Name of Second Grantor (if applicable)
Do- 1 Bala	
Signature of First Witness to Grantor(s)	Signature of Second Witness to Grantor(s)
Clarka & Dishofos	
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)
GRANTEE(S):	
6/.6/	
Signature of Grantee	Signature of Second Grantee (if applicable)
ERIC E. EVENSON	
Print Name of Grantee	Print Name of Second Grantee (if applicable)
D. B. Shop	
Signature of First Witness to Grantee(s)	Signature of Second Witness to Grantee(s)
Deanna Bishop	
Print Name of First Witness to Grantee(s)	Print Name of Second Witness to Grantee(s)

## Exhibit "A"

Assessors Parcel # Okegon Pine Teach, L	ot 15, Black 47
Beaty, OR 97621	
County - Klamath State - ORegon	
state - ORegon	
	-,
© SmartLegalForms	LF298 Quitclaim Deed 6-15, Pg. 4 of 4

## **NOTARY ACKNOWLEDGMENT**

State of Oregon
County of Kramath
On June 8, 2016, before me, Army Dites, a notary
public in and for said state, personally appeared, + dwn tverson
Dearna Brishop
who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons
whose names are subscribed to the within instrument and acknowledged to me that they ex-
ecuted the same in their authorized capacities, and that by their signatures on the instrument the
persons, or the entity upon behalf of which the persons acted, executed the instrument.
WITNESS my hand and official seals  Signature of Notary
Type of ID

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		
County of		
On 7.35.16 before me, > E1	RENITY (JUTIERREZ, NOTARY HUBLI	
On 7.35.16 before me, SEI  Date  personally appeared ERIC F. EVENS	Here Insert Name and Title of the Officer	
personally appeared	Name(s) of Signer(s)	
subscribed to the within instrument and acknow	evidence to be the person(s) whose name(s) is/are ledged to me that he/spe/they executed the same in is/ber/their signature(s) on the instrument the person(s), cted, 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.	
Commission # 2116483	Signature of Notary Public	
Though this section is optional, completing this	TIONAL ————————————————————————————————————	
	s form to an unimended document.	
Title or Type of Document:	m deed	
Title or Type of Document: (JUTI (LINI Document Date: 7.25.16	Number of Pages: _5	
Signer(s) Other Than Named Above:	Number of Pages	
Capacity(ies) Claimed by Signer(s)		
Signer's Name:	Signer's Name:	
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator	
Other:	Other:	
Signer Is Representing:	Signer Is Representing:	
THE STATE OF THE S		

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