2017-000627 Klamath County, Oregon



LF298 Quitclaim Deed 7-16, Pg. 1 of 4

01/23/2017 08:58:04 AM

Fee: \$72.00

# **Quitclaim Deed**

RECORDING REQUI	ESTED BY Candra Drumm	
AND WHEN RECOR	DED MAIL TO:	
Candra & Martin Drur		
2280 Dakota Way		nd send tax statements
Reno, NV 89506	/~	0.50
Consideration: \$ No C	Consideration	•
Property Transfer Tax:	: \$ <u>0.00</u>	
Assessor's Parcel No.	.: B40/L14 Tract 1184 R3507018AD011	
PREPARED BY: Cano	dra Drumm ce	rtifies herein that he or she has prepared
this Deed.	and the same of th	
(lands		10/29/16
Signature of Preparer		Date of Preparation
Cardea	1) Ruma	
Printed Name of Prep	parer	
THIS QUITCLAIM I	DEED, executed on 10/29/16	in the County of
Sonoma	, State of <u>California</u>	
by Grantor(s), Rene	& John Cerini	
whose post office a	ddress is 933 Quarry Street, Petaluma, Ca	alifornia 94954 ,
to Grantee(s), Cand	ra & Martin Drumm	
whose post office a	ddress is 2280 Dakota Way, Reno, NV 89	506 .
·		,
WITNESSETH, that	t the said Grantor(s), Rene & John Cerini	
	tile said citation(s), itene a sonii ceniii	
for good considerat	ion and for the sum of One Dollar	
(\$ <u>1.00</u> ) pa	ion and for the sum of One Dollar	nereof is hereby acknowledged, does

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and claim which the said Grantor(s) have in and	to the following described parcel of land, and
improvements and appurtenances thereto in the	e County of Klamath , State of
Oregon and more specifically describe	ed as set forth in EXHIBIT "A" to this Quitclaim
Deed, which is attached hereto and incorporated	herein by reference.
IN WITNESS WHEREOF, the said Grantor(s) has year first above written. Signed, sealed and deliver	<del>-</del> • • • • • • • • • • • • • • • • • • •
GRANTOR(S):	
John Cenini (POA) For Rene Cerini Signature of Grantor	Signature of Second Grantor (if applicable)
	To Continue (in applicable)
Print Name of Grantor	Print Name of Second Grantor (if applicable)
Signature of First Witness to Grantor(s)	Signature of Second Witness to Grantor(s)
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)
GRANTEE(S):	
(Cookers)	Moule
Signature of Grantee	Signature of Second Grantee (if applicable)
Cardea Deuma	Maltin Drumm
Print Name of Grantee	Print Name of Second Grantee (if applicable)
Signature of First Witness to Grantee(s)	Signature of Second Witness to Grantee(s)
Print Name of First Witness to Grantee(s)	Print Name of Second Witness to Grantee(s)

### Exhibit "A"

Lot 14, Block 40 of Tract 1184 Oregon Shores Unit 2, First Addition, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. R-3507-018AD-01100

### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189** 

A notary public or other officer completing this certific document to which this certificate is attached, and not	cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California  County of 50 10 m A  On 10 29 2016 before me, (AZ	WOTARY WE RUTHERFORD, PUBLIC
personally appeared CANDRA	Here Insert Name and Title of the Officer  OCUMM
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 viedged to me that he/she/they executed the same in his/her/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.
KATHIE RUTHERFORD COMM. #2135609 NOTARY PUBLIC - CALIFORNIA SONOMA COUNTY My Comm. Expires Dec. 25, 2019	Signature Signature of Notary Public
Though this section is optional, completing this	TIONAL a sinformation can deter alteration of the document or
Description of Attached Document  Title or Type of Document	s form to an unintended document.  CLAIM  Document Date: 16/29/20/6  an 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

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate is attached, and not	ficate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California  County of South  On 10/25/20/6 before me, KA	) ) THE RUTHERFORD, PUBLIC
Date	Here Insert Name and Title of the Officer
personally appeared	TIH DRUMIN
	Name(s) of Signer(s)
subscribed to the within instrument and acknow	ry evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument 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.
COMM. #2135609 M NOTARY PUBLIC - CALIFORNIA NOTARY PUBLIC - CALIFORNIA NOTA	Signature of Notary Public
Place Notary Seal Above	
Though this section is optional, completing thi	PTIONAL is information can deter alteration of the document or is form to an unintended document.
Description of Attached Document  Title or Type of Document:  Number of Pages: $3$ Signer(s) Other Th	Document Date: 16/29/2016  Jan 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:
organis representing.	Signer Is Representing:

### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate is attached, and not	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California  County of	) THE RUTHERSOND, PUBLIC
Date	Here Insert Name and Title of the Officer
personally appeared	Name(s) of Signer(s)
subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument 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.
KATHIE RUTHERFORD COMM. #2135609 NOTARY PUBLIC - CALIFORNIA SONOMA COUNTY My Comm. Expires Dec. 25, 2019	Signature of Notary Public
Place Notary Seal Above	
Though this section is optional, completing this	es information can deter alteration of the document or is form to an unintended document.
Description of Attached Document  Title or Type of Document:  Number of Pages: 3 Signer(s) Other Tha	Document Date: 10/29/2016  an 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 — Li Limited C General  Individual Attorney in Fact

A notary public or other officer completing this certificate document to which this certificate is attached, and not the	ate verifies only the identity of the individual who signed the ne truthfulness, accuracy, or validity of that document.
State of California (County of Square )	XINTARY
On	41E RUTHERFORD, PUBLIC
Date	Here insert Name and Litle of the Officer
personally appeared	RIKI SIGNING AS
POWER OF ATTOUR	Name(s) of Signer(s)
who proved to me on the basis of satisfactory subscribed to the within instrument and acknowl-	evidence to be the person(s) whose name(s) is/are edged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s)
•	certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph s true and correct.
COMM. #2135609 M	Signature of Notary Public
Place Notary Seal Above	
	IONAL —
fraudulent reattachment of this	nformation can deter alteration of the document or form to an unintended document.
Title or Type of Document:	Document Date: 16/29/2016  Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:  ☐ Corporate Officer — Title(s):	Signer's Name:
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General	Corporate Officer — Title(s):
☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator ☐ Other:	☐ Trustee ☐ Guardian or Conservator
Signer Is Representing:	☐ Other:Signer Is Representing: