

2017-004828

Klamath County, Oregon



00203181201700048280030036

05/09/2017 08:57:43 AM

Fee: \$52.00

After recording, please return to, and
until a change is requested, send all
tax statements to the following address:

JAKEE J. SIVA AND JAMES M. SIVA
54001 WAAASH RD.
VALLEY CENTER, CA 92082

Parcel ID:

QUITCLAIM DEED

Under ORS 93.865

BY THIS QUITCLAIM DEED, executed this 23 day of April, 2017, the grantor,
SIVA, JOSEPH MICHAEL,

releases and quitclaims to the grantees: JAKEE SIVA AND JAMES SIVA

for the true consideration of A GIFT,

all the grantor's right, title, interest in and to the following described parcel of land in

KLAMATH County, Oregon, legally described as:

KLAMATH FALLS FOREST ESTATES SYCAN UNIT BLOCK 1,
NORTH HALF OF LOT 3 NLY 415, ACRES 10.09
MAP: R-3313-03000-01900-000
CODE:072

Commonly known as:

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON
TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF
ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11,
CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855,
OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS
INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS
INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND
REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON
ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE

APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

In witness whereof, the grantor has signed and sealed these presents on the day and year first above written.

Joseph Michael Siva
Signature
Joseph Michael Siva
Print name
OWNER
Capacity

Jeanine Siva
Signature
Jeanine Siva
Print name
Witness
Capacity

Signature

Print name

Capacity

Signature

Print name
Witness
Capacity

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF _____}
COUNTY OF _____}

This record was acknowledged before me on this _____ day of _____, 20____ by

See Attached

Notary Public

Print name
My commission expires: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 SAN Diego)

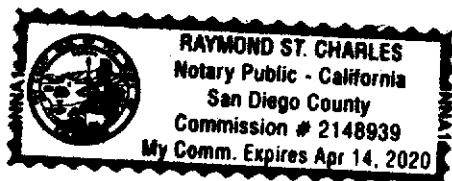
On April 23, 2017 before me, Raymond St. Charles Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Joseph Michael SIVA
Name(s) of Signer(s)

who 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.

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 Raymond St. Charles
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document:

Title or Type of Document: Quitclaim Deed Document Date: April 23, 2017
Number of Pages: 2 Signer(s) Other Than 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: _____
Signer Is Representing: _____