

Send Tax Statement to

2017-007560

Klamath County, Oregon



00206465201700075600020025

07/06/2017 03:01:20 PM

Fee: \$47.00

Returned at Counter

Steven L. Eriksen
6510 S. 6th St PMB#31
Klamath Falls, OR
97603

QUITCLAIM DEED

12-06-2016

For value received, the receipt of which is hereby acknowledged the grantee's Terry and Charlene Trout of po box 1725 redmond oregon 97756 do hereby remise, release and quitclaim unto Steven Eriksen whose mailing address is 15136 driftwood ln weed, ca 96094 hi/her heirs and assigns, the following described premises, County of Klamath, State of Oregon, described as follows Lot 13, block 71, Klamath Falls Forest Estates, Highway 66 Unit, plat No.3, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. Subject to covenants, conditions, restrictions, easements, reservations, rights, rights of way and all matters appearing of record.

Grantor: Terry Hubert Trout

Terry Hubert Trout

Grantor: Charlene R Trout

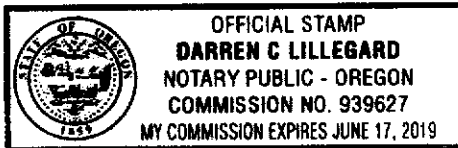
Charlene R Trout



INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Oregon } ss.
County of Deschutes

On this the 7th day of December, 2016, before me,
Darren Lillegard, the undersigned Notary Public,
Name of Notary Public
personally appeared Terry Hubert Trout, Charlene R Trout,
Name(s) of Signer(s)



OFFICIAL STAMP
DARREN C LILLEGARD
NOTARY PUBLIC - OREGON
COMMISSION NO. 939627
MY COMMISSION EXPIRES JUNE 17, 2019

☐ 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 for the purposes therein stated.

WITNESS my hand and official seal.

[Signature]
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

Not required by law, this information can be useful to those relying on the document and prevent fraud.

Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here