

Prepared By:

Ms. Shin Luong
1910 California Street
Eureka, California 95501

After Recording Return To:

Mrs. Sharon Fouke
32324 4th Place South, Unit Q5
Federal Way, Washington 98003

2905 Emerald St
Klamath Falls OR 97601

2017-008983

Klamath County, Oregon



00208239201700089830040043

08/10/2017 08:23:28 AM

Fee: \$57.00

TAX PARCEL ID #:

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Mrs. Shirley Lynn Vaughn Mitchell, ("Grantor"), a widowed female whose address is 2631 Hall Avenue, Eureka, California 95503, hereby **REMISES, RELEASES AND FOREVER QUITCLAIMS TO** Mrs. Sharon Fouke ("Grantee"), whose address is 32324 4th Place South, Unit Q5, Federal Way, Washington 98003, all right, title, interest and claim to the following real estate property located at 2905 Emerald Street in the City/Township of Klamath Falls, located in the County of Klamath and State of Oregon and ZIP code of 97601, to-wit:

Property having Lot No. 14, with the Section No. Stewart, and property beginning at Map Tax Lot # R-3909-007BD-08400-000

Description: Stewart, Block 11, Lot 14.

FOR A VALUABLE CONSIDERATION, in the amount of \$10.00 dollars, given in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged as of 05/05/2017.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.


(Grantor's Signature)

Mrs. Shirley Lynn Vaughn Mitchell
(Grantor's Printed Name)

Sharon Fouke
(Grantee's Signature)

Mrs. Sharon Fouke
(Grantee's Printed Name)

Signed in our presence:

James Arnot
(Witness #1 Signature)

James Arnot
(FIRST WITNESS NAME TYPED)

Shin Luong
(Witness #2 Signature)

Shin Luong
(SECOND WITNESS NAME TYPED)

Grantee's Address:

Mrs. Sharon Fouke
32324 4th Place South, Unit Q5
Federal Way, Washington 98003

Mail Subsequent Tax Bills To:

~~Sharon Fouke
32324 4th Place South, Unit Q5
Federal Way, Washington 98003~~

Grantor's Address:

Mrs. Shirley Lynn Vaughn Mitchell
2631 Hall Avenue
Eureka, California 95503

STATE OF OREGON

COUNTY OF KLAMATH

)
) SS.
)

The foregoing Quit Claim Deed was acknowledged before me on _____ by Mrs. Shirley Lynn Vaughn Mitchell , who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

(Signature of Notary)

(Printed Notary Name) Klamath, Oregon

See attached CA Acknowledgment
5-8-2017 *SS*

My Commission expires: _____

Unofficial Copy

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 Humboldt)

On May 8, 2017 before me, Brittany L Euan-Estrada, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared

Shirley Lynn Vaughn Mitchell

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

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:

Quit Claim Deed

Document Date:

Number of Pages:

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: