

BLK

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODU

2018-012753

Klamath County, Oregon



00230599201800127530020027

10/18/2018 10:16:27 AM

Fee: \$87.00

SPACE RESERVED
FOR
RECORDER'S USE

James G. Lousignont
6632 Patterson ST
Klamath Falls Oregon 97603
Joy N. Underwood
P.O. Box 10725
Fort Irwin CA 92310-0725

After recording, return to (Name and Address):

James G. Lousignont
6632 Patterson ST
Klamath Falls Oregon 97603

Until requested otherwise, send all tax statements to (Name and Address):

Joy Underwood
6632 Patterson ST
Klamath Falls Oregon 97603

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that James G. Lousignont

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto

Joy N. Underwood
hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows (legal description of property):

Tract 21 and the North 92 feet of Tract 22
of Antkeny Garden Tracts, according to the
official thereof on file in the office of the
County Clerk of Klamath County, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 10.00. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. (The sentence between the symbols ®, if not applicable, should be deleted. See ORS 93.030.)

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument on October 17, 2018; any signature on behalf of a business or other entity is made with the authority of that entity.

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.

STATE OF OREGON, County of San Bernardino ss.

This instrument was acknowledged before me on 18 September 2018

by Joy N. Underwood

This instrument was acknowledged before me on October 17, 2018

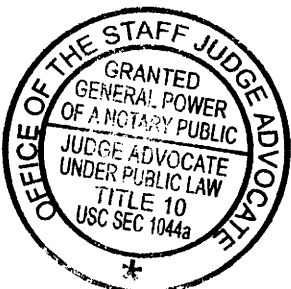
by James G. Lousignont

as

of

Notary Public for Oregon

My commission expires Indefinite



INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Oregon }
County of Klamath } ss.
On this the 17th day of October, 2018, before me,
Sheila Ann Nelson, the undersigned Notary Public,
Name of Notary Public
personally appeared James G. Lousignont,
Name(s) of Signer(s)

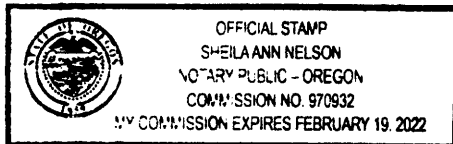
☐ personally known to me – OR –

☒ 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.

Sheila Ann Nelson
Signature of Notary Public



Place Notary Seal/Stamp Above

Exp. February 19, 2022
Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

*This section is required for notarizations performed in Arizona but is optional in other states.
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: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____