

Returned at Counter

Prepared By:
Lisa Bruhn
2755 Jefferson Street #102
Carlsbad, CA 92008

After Recording Return To:
Phase III Oregon LLC
3939 S 6th Street #142
Klamath Falls, Oregon 97603

2019-003643

Klamath County, Oregon



00238454201900036430030034

04/04/2019 01:55:56 PM

Fee: \$112.00

TAX ACCOUNT No.: 410255,
Code: 001, PCL: 101,
MAP: 3809-032BA-09200

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Lisa Bruhn, ("*Grantor*"), whose address is 2755 Jefferson Street #102, Carlsbad, CA 92008, hereby **REMISES, RELEASES AND FOREVER QUITCLAIMS TO** Phase III Oregon LLC ("*Grantee*"), whose address is 3939 S 6th Street #142, Klamath Falls, Oregon 97603, all right, title, interest and claim to the following real estate property located at 329 McKinley Street in the City of Klamath Falls, located in the County of Klamath and State of Oregon and ZIP code of 97601, to-wit:

Property having Lot No. 9, in the Block 24 of FIRST ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

FOR A VALUABLE CONSIDERATION, in the amount of \$1.00 dollars, given in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged as of 02/28/2019.

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)

Lisa Bruhn

(Grantor's Printed Name)



(Grantee's Signature)

Phase III Oregon LLC by Lisa Bruhn, Member

(Grantee's Printed Name)

Grantor's Address:

Lisa Bruhn
2755 Jefferson Street #102
Carlsbad, CA 92008

Grantee's Address:

Phase III Oregon LLC
3939 S 6th Street #142
Klamath Falls, Oregon 97603

Mail Subsequent Tax Bills To:

First Choice Property Management Inc
1415 Esplanade Street
Klamath Falls, OR 97603

**See Attached
Acknowledgment**

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

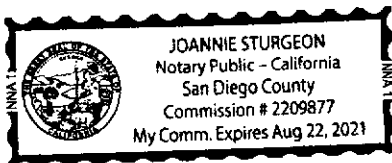
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of San Diego)
 On March 27, 2019 before me, Joannie Sturgeon, Notary Public
 Date Here Insert Name and Title of the Officer
 personally appeared Lisa Bruhn
 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 Joannie Sturgeon
 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: 02/28/2019
 Number of Pages: 3 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☒ Corporate Officer — Title(s): Member
☐ 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: _____