Prepared By:	Klamath County, Oregon		
Richard S Braun Jr. &	,		
Bob Dean Delozier))) 00239159201900042150020029		
After Recording Return To:) 04/22/2019 09:09:57 AM	Fee: \$87.0	
Taylor Sexton)		
P.O. Box 314)		
Lincoln City, OR 97367) TAX PARCEL ID #: Acct: 96) TAX PARCEL ID #: Acct: 96753 - R298859	

2040 004245

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Richard S Braun Jr. and Bob Dean Delozier, ("Grantor"), as Tenants in Common whose address is 16020 Foothill Blvd, Fontana, CA 92335 TO Taylor Sexton ("Grantee"), whose address is P.O. Box 314, Lincoln City, Oregon 97367 all right, title, interest and claim to the following real estate property located in an unincorporated area of Klamath County and State of Oregon, to-wit: Property having Lot No 4, Block 22, Tract 1010, First Addition to Ferguson Mountain Pines, with the Section No 33, Township 35, and property beginning at South Range 13, East of the Willamette Meridian and having Map Number Description of R-3153-033D0-05100-000.

FOR A VALUABLE CONSIDERATION, in the amount of \$4,200.00 dollars, given in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged as of March 16, 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.

Richard S Braun Jr., Granton

Bob Dean Delozier AKA Bobby Dean Delozier

Grantee's Address

P.O. Box 314

Lincoln City, OR 97367

Grantor's Address 16020 Foothill Blvd.

Fontana, CA 92335

Scott Graff Grantee 12 SE 3rd Ave Milton Freewater, OR

Mail Subsequent Tax Bills To:

Taylor Sexton P.O. Box 314

Lincoln City, OR 97367

Note: The original Copy of the Quit Claim Deed must be filed with the "Recorder of Deeds" with the Clerk of Courts having jurisdiction where the property is located and only upon payment of any associated recording fees due at the time of filing with the Clerk of Courts.

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Burnar Aino	_ }
On March 14, 2019 before me,	Joanna Lopiz, Notary Public, (Here insert name and title of the officer)
who proved to me on the basis of satis name(s) is/are subscribed to the within he/she/they executed the same in his/h	faun Jr. and Bob Dean Delozier, sfactory evidence to be the person(s) whose instrument and acknowledged to me that her/their authorized capacity(ies), and that by ment the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJUR the foregoing paragraph is true and co	Y under the laws of the State of California that orrect.
WITNESS my hand and official seal. Notary Public Signature (f	JOANNA LOPEZ Commission No. 2244895 NOTARY PUBLIC-CALIFORNIA SAN BERNARDINO COUNTY My Comm. Exploss JUNE 2 2022 Notary Public Seal)
ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT Cut Claim Dud (Title or description of attached document) DATCAL & 9453 - R218859 (Title or description of attached document continued) Number of Pages Document Date	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. • State and County information must be the State and County where the documer signer(s) personally appeared before the notary public for acknowledgment. • Date of notarization must be the date that the signer(s) personally appeared whice must also be the same date the acknowledgment is completed. • The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). • Print the name(s) of document signer(s) who personally appear at the time contarization.
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer (Title) ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) M Other GWAIANIDIS	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate thi information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. If seal impression smudges, re-seal if sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure the acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

2015 Version www NotaryClasses.com 800-873-9865