Returned at Counter

2020-009947
Klamath County, Oregon



08/11/2020 01:16:16 PM

Fee: \$92.00

## **Quitclaim Deed**

RECORDING REQUESTED BY	
AND WHEN RECORDED MAIL TO: Tax Statement	<u>s</u>
Sapphira Pither, Grante	e(s)
65/0 5. 6th St. #212	
Klamoth Falls, Oa. 97603	
Consideration: \$ 6;67	
Property Transfer Tax: \$	
Assessor's Parcel No.: 388333	
PREPARED BY: Aaron Mackey	certifies herein that he or she has prepared
this Deed.	
any	8-11-2020
Signature of Preparer	Date of Preparation
Aaron Mackey	
Printed Name of Preparer	
THIS QUITCLAIM DEED, executed on 8-11  Klamath, State of Grego	in the County of
by Grantor(s), <u>Aaron M. Mackey</u>	si Hola 1
whose post office address is 6510 5, 6+4	St. #212 Klamath Falls Or.
to Grantee(s), Sapphira Pither	
whose post office address is 6510 5. 6th	St. # 212 Klamath Falls Br
WITNESSETH, that the said Grantor(s), Agron	· · · · · · · · · · · · · · · · · · ·
for good consideration and for the sum of 6,44	
\$ G. Ff ) paid by the said Grantee(s), t	he receipt whereof is hereby acknowledged,
does hereby remise, release and quitclaim unto the	ne said Grantee(s) forever, all the right title
,	The same services of the same services and the right, the

Exhibit A" Legal Description: Klamath Falls Forcest Estates Hwy 66 Plat#1, Block, 14, Lot 22

land, and improvements and appurtenances	s) have in and to the following described parcel thereto in the County of klandh	of
State of Oregon and more sp	pecifically described as set forth in EXHIBIT	' 'Δ"
to this Quitclaim Deed, which is attached he	reto and incorporated herein by reference.	^
IN WITNESS WHEREOF, the said Grantor(s year first above written. Signed, sealed and	) has signed and sealed these presents the day a delivered in presence of:	nd
GRANTOR(S):		
In W		
Signature of Grantor	Signature of Second Grantor (if applicable)	_
Print Name of Grantor	Print Name of Second Grantor (if applicable)	<u></u>
Signature of First Witness to Grantor(s)	Signature of Second Witness to Grantor(s)	_
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)	_
GRANTEE(S):		
		SAMANT NOTAR
Signature of Grantee	Signature of Second Grantee (if applicable)	COMMI MY COMMISSI
Print Name of Grantee	Print Name of Second Grantee (if applicable)	-
Signature of First Witness to Grantee(s)	Signature of Second Witness to Grantee(s)	-
Print Name of First Witness to Grantee(s)	Print Name of Second Witness to Grantee(s)	_

## **NOTARY ACKNOWLEDGMENT**

State of OUCAON —		
County of Viamath —		
On aug. 11, 2020 , before me, Same	antha Gardner, a notary	
public in and for said state, personally appeared, Have		
	<u> </u>	
who are known to me (or proved to me on the basis of sa	tisfactory evidence) to be the persons	
whose names are subscribed to the within instrument ar	nd acknowledged to me that they ex-	
ecuted the same in their authorized capacities, and that by their signatures on the instrument the		
persons, or the entity upon behalf of which the persons ac	cted, executed the instrument.	
WITNESS my hand and official seal.		
Manhandan	OFFICIAL STAMP	
Signature of Notary	NOTARY PUBLIC-OREGON COMMISSION NO. 991993	
Affiant Known Produced ID	MY COMMISSION EXPIRES OCTOBER 20, 2023	
Type of ID UDL V	(Seal)	

FICIAL STAMP

IA JEENE GARDNER
PUBLIC-OREGON
SION NO. 991993
N EXPRES OCTOBER 20, 2023