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10/15/2020 01:58:40 PM

Fee: \$97.00

# Quitclaim Deed

RECORDING REQUESTED BY Lloyd Edward Close

AND WHEN RECORDED MAIL TO: And Taxes

VERONICA LEE FUENTES, Grantee(s)

4028 FAWN AVE

KLAMATH FALLS, OR 97601

Consideration: \$ 10,000.00

Property Transfer Tax: \$ 0

Assessor's Parcel No.: LENOX BLOCK 3-LOT 8

Tax # 001-537529

MAP # 3909-007CA-09000

PREPARED BY: Lloyd Edward Close

certifies herein that he or she has prepared

this Deed.

[Signature]  
Signature of Preparer

9-30-2020

Date of Preparation

Lloyd Edward Close

Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 10-1-2020 in the County of

MERCED, State of CALIFORNIA

by Grantor(s), Lloyd Edward Close

whose post office address is 705 CHAMAY CT LOS BANOS CA 93635

to Grantee(s), VERONICA LEE FUENTES

whose post office address is 4028 FAWN AVE KLAMATH FALLS, OR 97601

WITNESSETH, that the said Grantor(s), Lloyd Edward Close,

for good consideration and for the sum of TEN THOUSAND DOLLARS AND ZERO CENTS

(\$ 10,000.00) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,

does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of CLATSOP, State of OREGON and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

**IN WITNESS WHEREOF**, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

**GRANTOR(S):**

Lloyd Edward Close  
Signature of Grantor

Lloyd Edward Close  
Print Name of Grantor

\_\_\_\_\_  
Signature of Second Grantor (if applicable)

\_\_\_\_\_  
Print Name of Second Grantor (if applicable)

\_\_\_\_\_  
Signature of First Witness to Grantor(s)

\_\_\_\_\_  
Print Name of First Witness to Grantor(s)

\_\_\_\_\_  
Signature of Second Witness to Grantor(s)

\_\_\_\_\_  
Print Name of Second Witness to Grantor(s)

**GRANTEE(S):**

Veronica Fuentes  
Signature of Grantee

Veronica Fuentes  
Print Name of Grantee

\_\_\_\_\_  
Signature of Second Grantee (if applicable)

\_\_\_\_\_  
Print Name of Second Grantee (if applicable)

\_\_\_\_\_  
Signature of First Witness to Grantee(s)

\_\_\_\_\_  
Print Name of First Witness to Grantee(s)

\_\_\_\_\_  
Signature of Second Witness to Grantee(s)

\_\_\_\_\_  
Print Name of Second Witness to Grantee(s)

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 MERCED

On 10-1-2020 before me, Ludwig Knoester, Notary Public  
(here insert name and title of the officer)

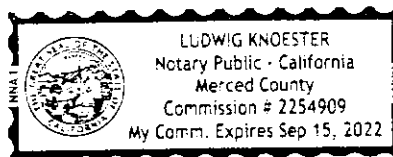
personally appeared LLOYD EDWARD CLOSE

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.

Ludwig Knoester  
Signature



#### OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

#### DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: QUIT CLAIM DEED

Document Date: OCTOBER 1 2020 Number of Pages: 1

Signer(s) if Different Than Above: S

Other Information: \_\_\_\_\_

#### CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- ☒ Individual  
☐ Corporate Officer

(Title(s))

- ☐ Partner  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian/Conservator  
☐ Other: \_\_\_\_\_

SIGNER IS REPRESENTING: Name of Person or Entity \_\_\_\_\_

Exhibit "A"

LENOX BLOCK 3 - LOT 8  
CODE - TAX # 001-537529  
MAP # 3909-007CA-09000

4030 FAWN AVE  
KLAMATH FALLS, OR  
97601