Prepared By	2020-013937	
Name: Patrick R Leal Address: 3/8 Ensf 2/57 Tracy Ca	Klamath County, Oregon 00268129202000139370030037	
State: Zip Code: <u>95376</u>	10/28/2020 10:43:05 AM Fee: \$92.00	
After Recording Return To paid Tox Stoke	erry to	
Name: Edwardo Villandon Address: 3460 Corey Rd Gertval Roint State: OR Zip Code: 97800	2	
4		
	Space Above This Line for Recorder's Use	
OREGON QUIT CLAIM DEED		
STATE OF OREGON		
COUNTY OF Klaunth Falls		
KNOW ALL MEN BY THESE PRESENTS, That Parcel De, a residing at 31% End 21 St , County of San Jaynout City of Iracy , State of California (hereinafter known as the "Grantor(s)") hereby releases and quitclaims to Elando & Villarada a , residing at 3460 cora Rd , County of Jackson , City of Central point, State of (hereinafter known as the "Grantees(s)") for the sum of (\$		
3726 Emerald St And 3	734 Emerald St - Klimmath * Code 001 PCL -101	
map 3909 - 007CB - 13986 ACRES 0.17 LENNON Block To have and to hold, the same together with thereunto belonging or in anywise appertaining lien, equity and claim whatsoever for the said	Map 3 909 00 7CB - 132 67 HCRes O./L n all and singular the appurtenances ng, and all the estate, right, title, interest,	
only proper use, benefit and behoof of the said second party forever.		

"BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300 (Definitions for ORS 195.300 to 195.336), 195.301 (Legislative findings) AND 195.305 (Compensation for restriction of use of real property due to land use regulation) TO 195.336 (Compensation and Conservation Fund) 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 (Definitions for ORS 92.010 to 92.192) OR 215.010 (Definitions), 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 (Definitions for ORS 30.930 to 30.947), AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300 (Definitions for ORS 195.300 to 195.336), 195.301 (Legislative findings) AND 195.305 (Compensation for restriction of use of real property due to land use regulation) TO 195.336 (Compensation and Conservation Fund) 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."

& gainer St	
Grantor's Signature	Grantor's Signature
Patrick R Leal	
Grantor's Name	Grantor's Name
318 EAST 21 ST	
Address	Address
Tracy Ca 95376	
City, State & Zip	City, State & Zip

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 JORDWIN	
On 0(4000 W), WW before me, 0 1	ivid f. WARZ HOTALY PUBLIC
Data	Hara Insart Name and Title of the Officer
personally appeared Patrick 2. Venl	·
,	Name(s) of Signer(s)
who proved to me on the basis of satisfactory evidence to the within instrument and acknowledged to me that authorized capacity(ips), and that by his/hgr/thgir sign upon behalf of which the person(s) acted, executed the	ature(s) on the instrument the person(s), or the entity
OLIVIA R. CORTEZ Notary Public – California San Joaquin County Commission # 2222914 My Comm. Expires Nov 23, 2021	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.
Place Notary Seal and/or Stamp Above	Signature of Notary Public
OPTI	IONAL
	deter alteration of the document or form to an unintended document.
Description of Attached Document Title or Type of Document: Dregon emil Document Date: 10 20 2000 date Si	
Signer(s) Other Than Named Above: NA	
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
☐ Other:	□ Other:Signer is Representing: