theLandsite.com, Inc. A California Corporation PO Box 1254 Templleton, CA 93465 Grantor

Mark and Deborah Runnels, Husband and Wife 146 Octavia Ave.

Klamath Falls, OR 97601

Grantees

After recording return to:

Grantees

Until a change is requested, all tax statements shall be sent to the following address: Same as Grantee

2020-017082

Klamath County, Oregon



12/31/2020 10:18:52 AM

Fee: \$87.00

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That the Landsite.com, Inc. A California Corporation, hereinafter called the grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Mark Runnels and Deborah Runnels, husband and wife, hereinafter called grantees and grantee's heirs, successors and assigns, all of grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 3 in Block 10 of Riverside 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.

APN No: 610592

MapTax Lot: 3809-032CB-02400-000

Subject to covenants, conditions, restrictions, easements, reservations, rights of way and all matters appearing of record.

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$6,000.00.

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. 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 APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

(SEAL)

Before me:
Notary Public for California

See attached

ALL-PURPOSE ACKNOWLEDGMENT

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate attached, and not the truthfulness, accuracy, or validity of that document.	· · · · · · · · · · · · · · · · · · ·
State of California County of SanLuis Obispo On 10/9/2020, before me,	SS. Rebecca Tobias, Notary Public, Colucci, who proved to me on the
personally appeared Seph (Colucci, who proved to me on the
	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.
REBECCA TOBIAS COMM. # 2179337 NOTARY PUBLIC -CALIFORNIA SAN LUS OBISPO COUNTY NY COMM. EXP. JAM. 12, 2021 PLACE NOTARY SFAL IN ABOVE SPACE	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WIPNESS my hand and official scal.
OPTIONAL INFORMATION The information below is optional. However, it may prove valuable and could prevent fraudulent attachment	
of this form to an unauthorized document.	
CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER PARTNER(S) ATTORNEY-IN-FACT GUARDIAN/CONSERVATOR SUBSCRIBING WITNESS OTHER:	DESCRIPTION OF ATTACHED DOCUMENT OUTCLAIM DOCK TITLE OR TYPE OF DOCUMENT I Page W/attached NUMBER OF PAGES 10/9/2076 DATE OF DOCUMENT
SIGNER (PRINCIPAL) IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	RIGHT THUMBPRINT OF SIGNER