2022-012170Klamath County, Oregon

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10/11/2022 01:44:58 PM

Fee: \$87.00

Recorded at Request of and When Recorded, Return to:

RUSSELL E. GRIFFITH, ESQ. RUSSELL E. GRIFFITH, APC 1991 VILLAGE PARK WAY, SUITE 105 ENCINITAS, CA 92024

Mail Tax Statements to:

SYNDEE WOOD 12229 CARMEL VISTA RD., UNIT 150 SAN DIEGO, CA 92130

Space Above for Recorder's Use Only

QUITCLAIM DEED

FOR NO CONSIDERATION, CHRISTOPHER BROWN, Trustee of the McKinley Family Trust, Dated September 14, 1994, does hereby REMISE, RELEASE AND FOREVER QUITCLAIM to SYNDEE M. WOOD, the following described real property in the County of Klamath, State of Oregon:

Lots 4 and 5 in Block 126, Klamath Forest Estates, Highway 66 Unit, Plat No. 4, Klamath County, Oregon.

August, 24,2022

CHRISTOPHER BROWN, Trustee

See Attached

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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 is attached, and not the truthfulness, accuracy, or validity of that document.	
State of California) County of San Dieso)	- Albo nutare all'i
On before me,	, J. 17 18 18 18 18 18 18 18 18 18 18 18 18 18
On 8.24-22 before me, 1 Date personally appeared Christopher	Here insert Name and Title of the Officer $\mathcal{B} \cap \mathcal{S} \cap \mathcal{S}$
,	Name(s) of Signer(s)
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.	
Of is	ertify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct.
Notary Public - California San Diego County Commission # 2266584 My Comm. Expires Nov 11, 2022	TNESS my hand and official seal.
Sig	gnature Signature of Notary Public
Place Notary Seal Above	
OPTIO	ONAL
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.	
Description of Attached Document	
Title or Type of Document: Doct claim De	ed
Document Date: 7-24-22	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Christopher Brown	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☑Individual☐ Attorney in Fact☐ Guardian or Conservator	☐ Individual☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator
Other:	☐ Other:
Signer Is Representing:	Signer Is Representing: