

**RECORDING COVER SHEET** (Please print or type)

This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

**2022-014026**

Klamath County, Oregon



00309439202200140260060063

12/06/2022 02:24:53 PM

Fee: \$107.00

**After recording return to:**

ORS 205.234(1)(c)

Deidre ConKling  
19222 Sleeping OAK Drive  
Trabuco Canyon, CA  
92679

**1. Title(s) of the transaction(s)**

ORS 205.234(1)(a)

Quit Claim Deed Property Transfer

**2. Direct party(ies) / grantor(s)**

Name(s)

ORS 205.234(1)(b)

Glenda V PDYKE  
Charayne HANN

**3. Indirect party(ies) / grantee(s)**

Name(s)

ORS 205.234(1)(b)

Deidre ConKling

**4. True and actual consideration:**

ORS 205.234(1) Amount in dollars or other

\$ 2,500.00

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

**5. Send tax statements to:**

ORS 205.234(1)(e)

Deidre ConKling  
19222 Sleeping OAK Drive  
Trabuco Canyon, CA 92679

**6. Satisfaction of lien, order, or warrant:**

ORS 205.234(1)(f)

☒ FULL☐ PARTIAL**7. The amount of the monetary obligation imposed by the lien, order, or warrant:**

ORS 205.234(1)(f)

\$ \_\_\_\_\_

**8. Previously recorded document reference:** \_\_\_\_\_**9. If this instrument is being re-recorded complete the following statement:**

ORS 205.244(2)

"Rerecorded at the request of \_\_\_\_\_

to correct \_\_\_\_\_

previously recorded in book \_\_\_\_\_ and page \_\_\_\_\_, or as fee number \_\_\_\_\_."

Print Form

Reset Form

**Prepared By**

Glenda Updyke  
7452 S Aquarius Dr  
Mohave Valley , Arizona  
86440

**After Recording Return To**

Deidre Conkling  
19222 Sleeping Oaks Dr  
Trabuco Canyon, California  
92679

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Space Above This Line for Recorder's Use

**OREGON QUIT CLAIM DEED**

State of Oregon

Klamath County

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of Two thousand and five hundred Dollars (\$2,500.00) and/or other valuable consideration to the below in hand paid to the Grantor(s) known as:

Glenda Updyke, a married individual, residing at 7452 S Aquarius Dr , Mohave Valley , Arizona, 86440.

Charyne Hamm, a single individual, residing at ~~1234 beam. Beaumont, California, 90000.~~ <sup>60</sup>  
1246 N PHILLIPS, BANNING 92220

The receipt whereof is hereby acknowledged, the undersigned hereby releases and quitclaims to Deidre Conkling, a single individual, residing at 19222 Sleeping Oaks Dr, Trabuco Canyon , California, 92679 (hereinafter called the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in Klamath County, Oregon, to-wit:

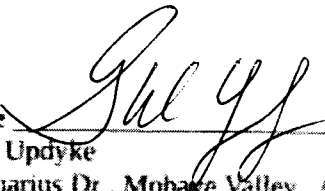
Oregon Shores Tract 1053 Block 8 Lot 18. MAP 3507-006AC-07700. PARCEL 225125

**To have and to hold**, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

**Required Disclosure Statement**

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.

Grantor's Signature

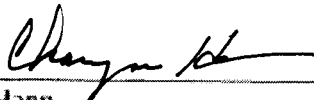


Date May, . 2021

Print Name: Glenda Updyke

Address: 7452 S Aquarius Dr , Mohave Valley , Arizona, 86440

Grantor's Signature



Date ~~May, 2021~~ Sept 21, 2021  
C.H.

Print Name: Charyne Hann

Address: ~~1234 Beau, Beaumont, California, 90000~~ C.H.

1246 N. Hilltop Cal. Beaumont

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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.

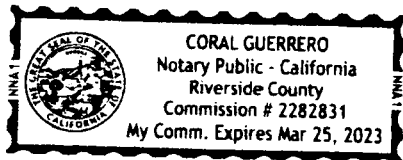
State of California

County of Riverside

On September 21, 2021 before me, Coral Guerrero, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Charyne Hann  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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.

Signature Coral Guerrero  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**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: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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 Riverside }

On May 25, 2021 before me, Maria Lamore, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Glenda Updyke  
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.



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.

Signature [Handwritten Signature]

Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_