After Recording, Return To:

FOREST P. Fischer (310) 803-7457

8324 STEWART AVE.

WESTCHESTER, CA. 90045

SEND TAX STATEMENT TO.

**2024-007344** Klamath County, Oregon



08/22/2024 10:57:09 AM

Fee: \$87.00

A298-10

FOREST P. Fischer 8324 STEUART AUE WISTCHISTER, CA 90045

## **QUITCLAIM DEED**

THIS QUITCLAIM DEED, Executed this 12th day of 1998,

day of DECEMBER,

whose post office address is 45,40 sw oogwood Ln #11

portland, or 97225

to second party, Grantee, FOREST P. FISCHER

whose post office address is 8324 STEWART AVE.

WESTCHESTER, CA. 90045

WITNESSETH, That the said first party, for good consideration and for the sum of  $Z \in RO$  Dollars (\$ ) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of KLAMATA FALLS, State of CREGON to wit:

KLAMATH FALLS FOREST ESTATES SYCAN UNIT, BLOCK 6, LOT 14 NZWZ, ACRES 11.31

ACRES: 11.31

MAP: R-3313-02200-00300-000

CODE: 008

Acct #: R176678

KLAMATH FALLS, OREGON

written. Signed, sealed and deli	ivered in presence of:	
	•	
Min // arc	~	har II
Signature of Witness	-	Signature of First Party
V' Parc		Forest Patrick Fischer
Kim Rogers Print name of Witness		Print name of First Party
/ withess		Time name of First Party
	rero	Gatrin ann Fisher
Signature of Witness	-	Signature of First Party
Jessica Guerre	(0)	Deni A Ficala
Print name of Witness		PATRICIA AND FISCHER Print name of First Party
First state of withess	<i></i>	Time name of a not a may
• • •	~ \	,
State of oregen County of washington	}	
On Docamber 12 14	93 before me. M.C	hae//tigley
appeared Farest Pat	rick Fischer	hae//Highly  A Patricia Ann Fischer  of satisfactory evidence) to be the person(s) whose name(s)
personally known to me (of pi	toked to the our me navis	of Saustactory evidence, to be the person(s) whose name(s)
is/are subscribed to the with	hin instrument and ack	knowledged to me that he/she/they executed the same in
his/her/their authorized capaci	ity(ies), and that by his/	her/their signature(s) on the instrument the person(s), or the
entity upon behalf of which the	e person(s) acted, execut	ed the instrument.
WITNESS my hand and official	al seal.	
	-//	
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Signature of Notary		Affiant Known Produced ID
Signature of Notary		Type of ID Drivers License
Signature of Notary		OFFICIAL SEAL (Seal)
State of	1	Type of ID Drivers License
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