

Prepared By

Name: Kathryn A. Canan
Address: 469 Pine Street
Grass Valley
State: CA _____ Zip Code 95945

After Recording Return To

Name: Kathryn A. Canan
Address: 469 Pine Street
Grass Valley
State: CA _____ Zip Code 95945

Space Above This Line for Recorder's Use

ARIZONA QUIT CLAIM DEED

STATE OF ARIZONA

COCHISE COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of Zero (\$0) in hand paid to Kathryn A Canan, Trustee of the John Schaeffer and Marjorie R Schaeffer Family Trust dated April 7, 1987, a Grantor, residing at 469 Pine Street, County of Nevada, City of Grass Valley, State of California (hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to Cochise County, a Grantee, residing at 1415 Melody Lane, County of Cochise, City of Bisbee, State of Arizona (hereinafter known as the "Grantee(s)") all interest which I (we) have, if any in the following described real estate, situated in Cochise County, Arizona to-wit:

Parcel 203-49-13906

COCHISE RECREATION AREA #2 LOT 320

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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.



Grantor's Signature

Grantor's Signature
Grantee's
KAC



Kathryn A Canan
Grantor's Name
469 Pine Street _____
Address
Grass Valley, CA 95945 _____
City, State & Zip

Cochise County
Grantor's Name
Granite's
1415 Melody Lane, Bldg 6
Address
Bisbee, AZ 85603
City, State & Zip QAC

STATE OF ARIZONA)

COUNTY OF)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this ____ day of _____, 20__.

Notary Public

My Commission Expires: _____

ACKNOWLEDGMENT

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 NEVADA)

On MAR 30, 2021 before me, PAT MCCOLLOCH NOTARY PUBLIC
(insert name and title of the officer)

personally appeared KATHRYN A. CALIAN,
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  (Seal)

