GRANTEE S NAME AND ADDRESS

After recording return to Marshall G. and Joanne G. Angel P.O. Box 284 Maupin, OR

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

, 19.74 20th day of DECHABER at 12;30 o'clock PM., and recorded in book M 76 on page 16129 or as file/reel number 25:307
Record of Deeds of said county.

SPACE RESERVED

urcontita 5 Use

Witness my hand and seal of County affixed.

W. D. 2011206

Recording Officer

Ad The Deputy