GRANTEE'S NAME AND ADDRESS

NAME, ADDRESS, Z Until a change is requested all tax statements shall be sent to the following address

Thurman D. & Lorraine T. Parrish

428 S. 9th Street

Klamath Falls, Oregon

Dept. of Veterans Affairs

1225 Ferry Street, S.E. Salem, Oregon 97310

Recording Officer

Record of Deeds of said county.

Witness my hand and seal of

and that

SPACE RESERVED