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GRANTEE'S NAME AND ADDRESS 17thday of NOVEMBER. at 10;16 o'clock A. M., and rfded in book. M77on page 22366 or as file/reel number 391112 Mortgage Bancorporation P.O. Box 230 Salem, OR. 97308 NAME ADDRESS. ZIP SPACE RESERVED FOR IN book. M77on page 22366 or as file/reel number 391112 Until a thenge is requested all fas statements shall be sent to the following oddress. Barbara R. Deloe 6700-6 Olympic Hwy. NAME ADDRESS. ZIP	GRANTEE'S NAME AND ADDRESS 17thday of NOVEMBER. at 10;46 o'clock A. M., and rfded in book. M77 on page 22366 or as file/reel number 39142 Mortgage Bancorporation P.O. Box 230 Salem, OR. 97308 NAME ADDRESS. ZIP SPACE RESERVED FOR IN book. M77 on page 22366 or as file/reel number 39142 Until a change is requested all for stolements shall be sent to the following oddress. Barbara R. Deloe 6700-6 Olympic Hwy. NAME AND ADDRESS	GRANTEE'S NAME AND ADDRESS 17thday of NBVEMBER, 19 77, 19	GRANTEE'S NAME AND ADDRESS 17th .day of N&VEMBER .19 .19 .71 After recording return to: Mortgage Bancorporation space nesenved at 10346 .o'clock A. M., and rrded P.O. Box 230 Salem, OR. 97308 ntconderso vist file/reel number 39112 Whill a thenge is requested all tox stolements shall be sent to the following eddress. Witness my hand and seal of Barbara R. Deloe Wif. D. MILNE	the second	I certify the start in
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Barbara R. Deloe Wil. D. MILNE	Barbara R. Deloe Wil. D. MILNE	Barbara R. Deloe Wil. D. MILNE	Barbara R. Deloe W1. D. MILNE	NAME ADDRESS	Witness View
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