GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Spring Creek Ranch Motel Ital

P.O. Box 215 Chiloguein Ore

NAME ADDRESS, ZIV 97624

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

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the
7th day of February 19.78...
at 8:53 o'clockA.M., and recorded
in book N78... on page 2154 or as
file/reel number 42642
Record of Deeds of said county.

Witness my hand and seal of County affixed.

Win. D. Milne

By Sunthan feloch Deputy

Fee \$3.00

SPACE RESERVED

RECORDER'S USE

30%