STATE OF OREGON,

GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS Walter S. & Zelma L. Morrison 919 Pacific Terrace Klamath Falls, Oregon NAME, ADDRESS, ZIF ntil a drange is requested all fax statements shall be sent to the following a

NAME, ADDRESS, ZIP

same as above

SPACE HERERVED FOR RECORDER'S USE

County of Klamath I certify that the within instru-

nent was received for record on the 27thday of October ,1978 ,

Record of Deeds of said county.

Witness my hand and seal of County affixed.

.....Wm, D. Milne By Denutive Lister Deputy