GRANTOR'S NAME AND ADDRESS

SPACE RESERVED FOR RECORDER'S USE

I certify that the within instrument was received for record on the 20th day of March ,19 79 , at 9:43 o'clock A. M., and recorded in book M7.9 on page 6238 or as file/reel number 64275 Record of Deeds of said county.

Witness my hand and seal of County affixed.

By Sunta Set Ch Deputy

Fee \$3.00

NAME, ADDRESS, ZIP

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

James T. Mitchell and Willa D. Mitchell

as above

1739 Oregon Ave. _Klamath Falls, Oregon______

After recording return to:

Column as above

NAME, ADDRESS, ZIF