315 N. madison Merrill, OR 97633 GRANTEE'S NAME AND ADDRESS SAME AS GRANTEE NAME, ADDRESS, ZIP Until a change is requested all tax statements shall be sent to the following address. SAME AS GRANTEE

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

at....2:39....o'clock P. M., and recorded in book..... MSO...on page... 3003... or as file/reel number 80720

Record of Deeds of said county.

Witness my hand and seal of County affixed.

......Vm...D...Milne... Recording Officer