My commission expires:

M

M

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

NAME, ADDRESS, ZIP

Until 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 29th day of April 1980, at 10:28 o'clock AM., and recorded in book M80 on page 7913 or as tile/reel number 83740, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Wm. D. Milne
Recording Officer
By Servet to Low Deputy

Fee \$3.50

FOR RECORDER'S USE