2830 California Avenue #3 Klamath Falls, Oregon 97601 GRANTEE'S NAME AND ADDRESS

NAME, ADDRESS, ZIP

NAME ADDRESS, ZIP

FFSYL 40 MAIN

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

SAME

.28th...day ofJuly................ 19...80, at4:15...o'clock.P...M., and recorded in book/reel/volume No.....M80......on page14051.....or as document/fee/file/ instrument/microfilm No.87499....., Record of Deeds of said county.

Witness my hand and seal of County affixed.

Wm. D. Milne

SPACE RESERVED