My commission expires

GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS After recording return to: SHASTA BRANCH KLAMATH FIRST FEDERAL SAVINGS & LOAN ASSOCIATION NAME, ADDRESS, ZIP

SPACE RESERVED RECORDER'S USE

I certify that the within instrument was received for record on theday of Sclock ... M., and recorded in book reel/volume No.....onor as document/fee/file/ instrument/microfilm No. Record of Deeds of said county.

STATE OF OREGON,

County of

Shand and seal of Witness my

County affixed. NAME

Deputy

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

SHISTA BRANCH REAMATH FROM FEDERAL SAVINGS & LOAN ASSOCIATION NAME, ADDRESS, ZIP

78 758886 X 50836 X

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