GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

LSCALL

P.O. BSCALL

NAME, ADDRESS, ZIP

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

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath I certify that the within instrument was received for record on the 23rd day of December 19.80, at 3:58 o'clock P.M., and recorded in book M80 npage 24922 or as tile/reel number 94107.

Record of Deeds of said county.

Witness my hand and seal of County affixed.

Wm. D. Milne
Recording Officer
By Menetla Color Deputy
Fee \$3.50