County affixed.

ByDepaty

CITLE

NAME, ADDRESS, ZIF

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

NAME, ADDRESS, ZIF

FORM No. 159—ACKNOWLEDGMI	ENT BY ATTORNEY-IN	-FACT.				
STATE OF OREGON	Klamath	} ss.				
On this the					81 personally	
who, being duly sworn	(or affirmed) Stev	, did say that en R. Spie	he is the atto			
that s. he executed the edged said instrument	foregoing instr to be the act a	ument by auth nd deed of said	ority of and in I	pehalf of said pri	ncipal; and S. he	acknowi
(0.	fficial Seal)		Before me:	, , , 0	nx -)
			My commi	(Signatu	res 8-5283	
				(Title-of-O	(Scer)	······································
	STATE (F OREGON; CO	UNTY OF KLAM	ATH: ss.		
	ed for	record at requ	est of Klama	th Cournty T	tle Co.	
		th day of No	ovemberA.D. 19	81 at 10:13	clock A M., and	

Fee \$8.00

July recorded in Vol. M81 , of Deeds on Page 19565

By Desnethan Set ch