SPACE RESERVED

FOR

RECORDER'S USE

GRANTEE'S NAME AND ADDRESS

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

NAME, ADDRESS, ZIP

After recording return to:

Wanda L. Dollard

3853 Clinton Avenue

Klamath Falls, Oregon 97601

County of Klamath I certify that the within instrument was received for record on the

at. 12:17 o'clock P. M., and recorded

in book/reel/volume No.M82.....on

page16475 or as document/fee/file/

instrument/microfilm No. 17758.....

Record of Mortgages of said County. Witness my hand and seal of

Evelyn biehn ounty Clerk

County affixed.

.....day ofDec., 1982.,