My commission expires: 12-29-85

Note
My

GRANTOR'S NAME AND ADDRESS

ETHEL C. Walkey

Beaty GRANTE'S NAME AND ADDRESS

After recording return to:

HS Abova

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

County of Klamath

I certify that the within instru-

Witness my hand and seal of County affixed.

Evelyn Biehn County Clerk

NAME
By Am Deputy

ree: \$4.00

(2.10

Index: \$1.00