

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS After recording return to:

Kevin L. Lamson

4514 Meadows Drive Klamath Falls, OR 97601

Until a change is requested all tax state: ents shall be sent to the following address. Same.

NAME, ADDRESS, ZIP

STATE OF OREGON County of Klamath

I certify that the within instru-

SS.

ment was received for record on the 12thday of _____ July _____, 19.85 ____ CE RESERVED FOR RECORDER'S USE

page11046 or as tee/file/instrument/microfilm/reception No...51014...,

Fee \$5.00

Record of Deeds of said county. Witness my hand and seal of County affixed.

Evelyn-Biehn, County. Clerk By Demetha Kels A Deputy