STATE OF OREGON. ment to be. (OFFICIAL SEAL) Notary Public for Oregon My commission expires:

My commission expires: 6-18-86

*Strike whichever word not applicable. NOTE—The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030. If the co INVESTORS MORTGAGE CO.

> SPACE RESERVED RECORDER'S USE

Fee: \$5.00

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	GRANTOR'S NA	ME AND ADDRE	se	
STAYTON RE	FRIGERATT	ON COMPA	NY	*******
***************************************	GRANTEE'S NAM			
After recording return to:		L AND ADDRES	8	
P. O. Box 5	ORTGAGE C	ю.	·	n necessari
Stayton, OR			***************************************	
Mattle of	NAME, ADD	RESS, ZIP		
Voill a change is requested No change	d all fax statement	is shall be sent to	the following	address.
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3	NAME, ADDR	ESS 710		************

STATE OF OREGON,

County of Klamath SS. I certify that the within instruwas received for record on the day of October 19 85 at 2:57 at 2:57 o'clock M., and recorded in book M85 on page 16902 or as file/reel number 54494, 19 Record of Deeds of said county. Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

Recording Officer