** husband and wife, not as tenants in Common but with the right survivorship**

SEE ATTACHED LEGAL DESCRIPTION

Organia and actual consideration	itent, continue description on reverse side; said grantee and grantee's heirs, successors and assigns forever. for this transfer, stated in terms of dollars, is \$tochangeve.
THE WAY X NEXT CONSIDERATION paid	for this transfer, stated in A. Successors and assigns forever
PANALAN X MENTAL KMX (indicate which)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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changes shall be implied to make the provision	for this transfer, stated in terms of dollars, is \$tochangeve: IN NOTE THE STATE OF THE
if a community witness Whereof, the grantor has a community and the same of th	ntence between the symbols 0, it not applicable, should be deleted. See ORS 93.030. text so requires, the singular includes the plural and all grammatical text this instrument the symbols of the singular includes the plural and all grammatical text this instrument the symbols of the symbols
order of it. I	ted this instrument this Toth September
THIS INSTRUMENT	ntence between the symbols 0, it not applicable, should be deleted. See ORS 93.030, text so requires, the singular includes the plural and all grammatical text apply equally to corporations and to individuals text this instrument this
THIS INSTRUMENT, THE PERSON BEFORE SIGNING OF ACC	LELAND
COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED US	TO THE Jackson
Use the form of male and a corporation	SES. Clen () - L.
we the form of strangeledment apposite.] TATE OF ORSON. (ORS)	Ellen J. Jackbyu
County of Klamath Sss.	STATE OF OREGON, County of
The located and	The territory of
The torestand Destruction was acknowledged before this September 15 19 86 by	The foregoing instrument was acknowledged before me this
19 86 by	, 19, by
Jonathan EV Jackson and Ellen	
J. Jackson and Ellen	secretary of,
00(5)	a
My commission expires: 3-2-88	Notary Public for Oregon My composite in
My commission expires: 3-2-88	My commission expires: (SEAL)
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GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS	My commission expires: (SEAL) My commission expires: (If executed by a corporation, offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of at O'clock.
GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS Exceeding return to: T. and Mrs. Born II.	My commission expires: (SEAL) My commission expires: (If executed by a corporation, offix corporate seed) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of at o'clock M., and recorded in book real/volume No.
GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS COORDINGS T. and Mrs. Ben F. Coker 17 Kane Strong	My commission expires: (SEAL) My commission expires: (If executed by a corporation offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of at o'clock M, and recorded in book reel/volume No
GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS T. and Mrs. Ben F. Coker 17 Kane Street Lamath Falls, Oregon 97603	My commission expires: (SEAL) My commission expires: (If executed by a corporation, offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of 10 colock 10
GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS T. and Mrs. Ben F. Coker 17 Kane Street Lamath Falls, Oregon 97603 NAME, ADDRESS, ZIP	My commission expires: (SEAL) My commission expires: (If executed by a corporation, offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of 10 colock 10
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GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS Excerding return to: T. and Mrs. Ben F. Coker 17 Kane Street Lamath Falls, Oregon 97603 NAME, ADDRESS, ZIP Change is requested all fax statements shall be sent to the following address. 36 Avalone 36 Avalone	My commission expires: (SEAL) My commission expires: (If executed by a corporation offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of 19, at o'clock M., and recorded in book real/volume No on page or as fee/file/instrument/microtilm/reception No
GRANTER'S NAME AND ADDRESS GRANTER'S NAME AND ADDRESS ACCORDING TETUM 16: T. and Mrs. Ben F. Coker 17 Kane Street Lamath Falls, Oregon 97603 NAME, ADDRESS, ZIP thomase is requested all tax statements shall be sent to the following address. and Mrs. Jonathan Jackson	My commission expires: (SEAL) My commission expires: (If executed by a corporation offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of at o'clock M, and recorded in book real/volume No
GRANTEE'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS F. and Mrs. Ben F. Coker 17 Kane Street Lamath Falls, Oregon 97603 NAME, ADDRESS, ZIP Change is requested all fox stotements shall be sent to the following address and Mrs. Jonathan Jackson 36 Avalon amath Falls, Oregon 97603	My commission expires: (SEAL) My commission expires: (If executed by a corporation, offix corporate seel) STATE OF OREGON, County of I certify that the within instrument was received for record on the day of 19, 19

DESCRIPTION

Beginning at a point on the East line of Lot 12 of ALTAMONT SMALL South along said East line a distance of 100 feet to a point; thence North and parallel with said the North line of said Lot a diet.

LSO Free. the North line of said Lot a distance of 100 feet to the point

ALSO EXCEPTING THEREFROM the Northern 10 feet of the Eastern

STATE OF OREGON	COUNTY OF					** 2, + € 2
Filed for record at record ofSeptember	uest of					
FEE \$14.00	of	86 at 3:40 Deeds	o clock _	P M., and	duly recorded in	15th day
714.00		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Eve. By	on Page 166 lyn Biehn,	County Clerk	
	Andrew Control of the State of	· Andrew Andrews and Andrews				Smill)