SPACE RESERVED

FOR

RECORDER'S USE

Donald D. Alt & Maryanna B. Alt Bible Baptist Christian Scheenver 2244 Wiard Street Klamath Falls, Oregon 97603 GRANTEE'S ADDRESS, ZIP

Charles L. & Clovis B. Stevenson 4242 Gary Street Klamath Falls, Oregon 976Cl NAME, ADDRESS, ZIP

After recording return to:

Until a change is requested, all tax statements shall be sent to the following address: Bible Baptist Christian School 2244 Wiard Street Klamath Falls, Oregon 97603

Fee: \$10.00 NAME, ADDRESS, ZIP Page N. On STATE OF OREGON.

County of ____Klamath

I certify that the within instrument was received for record on the at .3:23 o'clock P. M., and recorded in book/reel/volume No......M87...... on page 7764 or as fee/file/instrument/microfilm/reception No. 74282 Record of Deeds of said county.

Witness my hand and seal of County affixed,

Evelyn Biehn, County Clerk