GRANTEE'S NAME AND ADDRESS

NAME, ADDRESS, ZIP

NAME, ADDRESS, ZIP

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

SAME AS GRANTEE

SAME AS GRANTEE

After recording return to:

SPACE RESERVED

FOR

RECORDER'S USE

Fee: \$10.00

file/reel number 80930

Witness my hand and seal of

Evelyn Biehn, County Clerk

By Fram Smill Deputy

Record of Deeds of said county.

County affixed.