GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

KI AMATH FIRST FEDERAL'S SAVINGS So: LOAN
2943 South Sixth Street

Klamath Fall's, Oregon 97603
NAME ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

⁰KW

SPACE RESERVED
FOR
RECORDER'S USE

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME
By Mm Smith Deputy

Fee: \$5.00