VIRGIL T. COBB and KAREN J.; COBB

1874 Academy
Klamath Falls, OR 97601

GRANTOR'S NAME AND ADDRESS

After excording return to:

MOUNTAIN TITLE COMPANY OF KLAMACH COUNTY
407 Main Street

Klamath Falls, OR 97601

CRANTEE'S NAME AND ADDRESS

After excording return to:

MOUNTAIN TITLE COMPANY OF KLAMACH COUNTY
407 Main Street

Klamath Falls, OR 97601

CRANTEE'S NAME AND ADDRESS

MOUNTAIN TITLE COMPANY OF KLAMACH COUNTY

407 Main Street

Klamath Falls, OR 97601

NAME, ADDRESS, ZIP

Until a shange is requested all lax statements shall be sent to the following address.

SAME AS GRANTEE

NAME, ADDRESS, ZIP

STATE OF OREGON,
County of Klamath

I certify that the within instrument was received for record on the 8th day of February ,1988, at 11:11 o'clock A. M., and recorded in book/recl/volume No. M88 on page .1763 or as fee/file/instrument/microfilm/reception No. 84151 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By FAM In Depu

Fee: \$5.00

SPACE RESERVED

RECORDER'S USE