SPACE RESERVED

RECORDER'S USE

Fee \$8.00

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

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

NAME, ADDRESS, ZIP

David & Elizabeth Thompson

Arcadia, CA 91006

After recording return to:

P.O. Box 626

STATE OF OREGON,

County affixed.

County of Klamath ss. I certify that the within instrument was received for record on the 24......day

June_____, 1988___,

at .12:32. o'clock .P. M., and recorded

in book/reel/volume No.M88...... on

page9916...... or as fee/file/instru-

ment/microtilm/reception No...88575, Record of Mortgages of said County.

Evelyn Biehn County Clerk

By Quiline Muilenslake Deputy

Witness my hand and seal of