THEODORE M. DICKINSON	N and ALTA L. DICKINSON
1945 Howell St. Talls, OR 97	
GRANTOR'S NAM	E AND ADDRESS
GRACE LUCILLE JENSEN	
1945 Lowell Street	أأنا المستقال والمراجع وأوراني والهسفاري
Klamath Falls. OR 97	601 ME AND ADDRESS
After recording return to:	
SAME AS GRANTEE	The same and the s

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

County of Klamath I certify that the within instrument was received for record on the 20th day of March ,19 89 o'clock P.M., and recorded at 4:13 in book M89 on page 4676 or as file/reel number 98226 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk Recording Officer By Daule w Mullendare Deputy

SAME AS GRANTEE Fee \$8.00