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Jordys M. Chambers c/o Klamath First Federal 2943 S. 6th St. Klamath Falls, OR 97603
GRANTOR'S NAME AND ADDRESS Robert W. and Kristine A. Creed 1205 Pacific Terrace Klamath Falls, OR 97601
GRANTEES NAME AND ADDRESS After recording return to: Klamath First Federal S & L 2943 South Sixth St. Klamath Falls OR 97603 NAME, ADDRESS, ZIP Until a change is requested all tax statements shall be sent to the following address. Klamath First Federal S & L Assoc 2943 South Sixth St. Klamath Falls, OR 97603 NAME ADDRESS, ZIP

County of _____Klamath I certify that the within instrument was received for record on the 20thday

__, 19 <u>89</u> Oct. P.M., and recorded at 3:54 o'clock _ in book/reel/volume No. M89 page 20124 or as document/feelfile/ 6757 instrument/microfilm No. Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk By Quiling Mullandare Deputy

SPACE RESERVED FOR

RECORDER'S USE