GRANTOR'S NAME AND ADDRESS

JOHN W. WERY

GRANTEE'S NAME AND ADDRESS

After recording return to:

Blair M. Henderson, Attorney

426 Main Street

Klamath Falls, OR 97601

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

I certify that the within instrument was received for record on the 6th. day of March 19.90, at 2:34 o'clock A.M., and recorded in book/reel/volume No. M90 on page 4171 or as fee/file/instrument/microfilm/reception No. 12034, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn County Clerk
NAME
TULE
By Cauline Mulladese Deputy

Fee \$28.00

SPACE RESERVED

FOR

RECORDER'S USE