GRANTOR'S NAME AND ADDRESS Robert C. Johnson P. O. Box 1917 Klamath Falls, OR. 97601 GRANTEE'S NAME AND ADDRESS After recording return to: Robert C. Johnson P. O. Box 1917 Klamath Falls, OR, 97601 NAME, ADDRESS, ZIP Until a change is requested all fax statements shall be sent to the following address

NAME, ADDRESS, ZIP

as shown above

SPACE RESERVED RECORDER'S USE

I certify that the within instrument was received for record on the 6th day of Aug. , 19 90, at 11:59 o'clock A.M., and recorded in book/reel/volume No....M90.....on page.....15631...or as document/fee/file/ instrument/microfilm No. ...18511, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

Fee \$28.00

By Queline Mullender Deputy