SPACE RESERVED FOR RECORDER'S USE

GRANTEE'S ADDRESS, ZIP

NAME, ADDRESS, ZIF

-S10451CN

After recording return to:

PAUL LOER ...

SUSAN-LOER...

P.O. BOX 795

GILCHRIST, OR 97737

SAME AS ABOVE

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

Record of Deeds of said county.

Witness my hand and seal of
County affixed.

By Deputy

NAME	TI