GRANTOR'S NAME AND ADDRESS

GRANTOR'S NAME AND ADDRESS

ORANTEE'S NAME AND ADDRESS

After recerding rotern to:

KLant Fit Tolant

ORY 270

KLann Fall O.E.

NAME ADDRESS: 219

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

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

By Doulency Mulenale & Deputy

CE RESERVED

FOR RECORDER'S USE