RONALD L. NIELSON
医骶骨切除性畸形 医唇形性 医多斯氏性脊髓膜炎的角膜炎症 医连续
GRANTUR'S NAME AND ADDRESS
KEITH D. RISING and DENISE J. RISING
1712 CHINCHALLA WAY
KLAMATH FALLS, OR 97603
GRANTEE'S NAME AND ADDRESS
KEITH D. RISING and DENISE J. RISING
1712 CHINCHALLA WAY
KLAMATH FALLS, OR 97603
NAME, ADDRESS-ZIP
Ustil a change is respected all tax statements shall be sent to the following address.
KEITH D. RISING and DENISE J. RISING
1712 CHINCHALLA WAY
KT.AMATH FALLS OR 97603
NAME, ADDRESS, 21P

file/reel number __ 51806 Record of Deeds of said county. Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk Recording Officer By Doulen Mullendor Deputy

Fee \$30.00

RECURDER'S USE