FOR RECORDER'S USE

Fee \$30.00

Grantee's Name and Address

Until requested otherwise send all tax statements to (Name, Addross, Zip)s

After recording return to (Name, Address, Zip):
ASPEN TITLE & ESCROW

525 MAIN STREET KLAMATH FALLS, OR. ment/microfilm/reception No....53963

Witness my hand and seal of

Evelyn Biehn, County Clerk

Banune Mule role Deputy

Record of Deeds of said County.

County affixed.