GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Klaimath First Fraction

NAME, ADDRESS, ZIP

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

Klain Kith First Fraction

NAME, ADDRESS, ZIP

STATE OF OREGON.

County of Klamath

I certify that the within instrument was received for record on the 22nd day of Jan., 19.93..., at 11: 44... o'clock M., and recorded in book M93 on page 1625 or as file/reel number 56700.............., Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Court of Musicand of Deputy

Fee \$30.00

SPACE RESERVED

RECORDER'S USE

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