	My commission expires 3-22-93
Granter's Name and Address	STATE OF OREGON,  County of Klamath ss.
Grantee's Name and Address After recording return to [Name, Address, Zip]:	was received for record on the 28thday
Until requested afterwise send all tax statements to (Name, Address, Zip):  Until requested afterwise send all tax statements to (Name, Address, Zip):	and/or as fee/file/instru- ment/microfilm/reception No. 56906
1755 I Vary Klamath Falls OR 97603	County affixed.  Evelyn Biehn, County or
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