STATE OF OREGON. County ofKlamath..... GRANTOR'S NAME AND ADDRESS I certify that the within instrument was received for record on the 15th day of April ,19 94, at ... 11:11 o'clock A.M., and recorded GRANTEE'S NAME AND ACCRESS SPACE RESERVED in book.... M94...on page 11201...or as file/reel number....79166.... RECORDER'S USE

NAME, ADDRESS, ZIP thange is requested all fax statements shall be sent to the following address

NAME, ADDRESS, ZIP

Anthony & Sydney K. Giacomini 706 Main Street

Klamath Falls, Oregon 97601

..Evelyn Biehn, County Clerk ... Recording Officer By Sulise Mullerdole Deputy

Witness my hand and seal of

Record of Deeds of said county,

County affixed.

Fee \$30.00