Granter's Name and Address

Grantee's Name and Address

Grantee's Name and Address

After recording return to (Name, Address, Zip):

PO Bon 1103

L. PAUL M 57601

Until requested otherwise send all tax statements to (Name, Address, Zip):

SPACE RESERVED FOR RECORDER'S USE

FEE:\$30.00

STATE OF OREGON, County of Klamath

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co Clerk

NAME

Pulli Illiag., Deputy.