Granter's Name and Address

Grantee's Name and Address

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

Sidney. G. Munjar.

2530 Western St.

Klamath Falls, Or. 97603

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

GPACE RESERVED FOR RECORDER'S USE STATE OF OREGON,

County of Klamath

I certify that the within instrument
was received for record on the 28thway
of September

1:43 Clock Products

Witness my hand and seal of County affixed.

Bernetha G. Letsch Co Clerk

Deputy

\$30.00