ر 55 کے	0E&22-P3	SL Vol	195 Page 35244
,,,,	No.		

Date 12/26/9,-

ACCOMODATION RECORDING INSTRUCTIONS

The undersigned bands you herewith for recording in the office of the County Recorder, as an accommodation only, connection therewith, and you are hereby make no demand in responsibility as to the condition of title to the described property within the documents and as to the validity, sufficiency and effect of said documents.

We understand that there is no charge for this service other than recording fees, Transfer Tax and any other charges incurred by your company.

Document	First Party	Second Party	Transfer Tax	Recording Fee
BSD	Unkrberg	Jones		350
				,
		A-11		
				/
		"\ TOTAL RECEIVED		3500

Remarks	When recorded, please mail to:
	form m. Long
	P.O. Box 317
	SAN JOSK VIllings
Received 12/22, 1998 Time: OREGON TITLE INSURANCE COMPANY	Signed: ThyA~ MP 96552
By: Me Tank	Address: City Phone #

OTIC #406

Fee \$35.00

After recording return to: NAME, ADDRESS, ZIF Until a change is requested, all tax statements shall be sent to the following address: NAME, ADDRESS, ZIP

ment/microfilm/reception No. 11130 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, County Clerk

Deputy