	My commission	Notary Public for Orogen
Ignacio D. Sacnz P. O. Box 90 Hornbrook, Ca 96044 REALVEST, Proc.'s Name and Address % PAULINE BROWNING HC15, Box 495C Hanover, NM 88041 Grante's Name and Address REALVEST, INC., % PAULINE BROWNING HC15, Box 495C Hanover, NM 88041 Until requested otherwise sand oil tax statements to (Name, Address, Ilp): REALVEST, INC., % PAULINE BROWNING HC15, Box 495C Hanover, NM 88041	SPACE RESERVED FOR RECORDER'S USE	STATE OF OREGON, County of

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	Š		
State of Sky Ga Gounty of Sky Ga Gounty of Sky Ga Gounty of Sky Ga Gounty of Date / 1996 before me, personally appeared Ignacia of personally known to me - OR proved to me of what was an a sail his or sail of the personal			
8 On March 7 1001			
On March 7 /996 before me, _			
personally appeared Tgnacis D.	aen z Josephine W San Z Name(s) of Signer(s)		
personally known to me – OR – proved to me o	n the basis of satisfactory evidence to be the person(s)		
What is an an	nose name(s) is/are subscribed to the within instrument		
Sal	d acknowledged to me that he/she/they executed the me in his/her/their authorized capacity(ies), and that by		
or	the entity upon behalf of which the person(s) acted,		
SHANNON E. SALVESTRO EXC	ecuted the instrument.		
COMM. #948967 Notary Public-California	TNESS my hand and official seal.		
SISKYOU COUNTY My comm. expires JUL 05,1996			
	Signature of Notary Public		
Though the information below is not required by law it was	ONAL -		
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.			
Description of Attached Document	No.		
Title or Type of Document:	ty Deed		
Document Date: March 7, 1996 Number of Pages:			
personally appeared Ignacia Service (e.g., Vane Doo, Notary Public Name(s) of Signer(s) personally known to me – OR — Aproved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that her/stret/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my fiand and efficial seather through the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reatlachment of this form to another document. Description of Attached Document Title or Type of Document:			
Capacity(ies) Claimed by Signer(s)			
Signer's Name: Taracco D Saraz			
Hndividual	Signer's Name: Josephine m Saen z		
Corporate Officer	Individual S		
₹ Title(s): Partner — □ Limited □ General	Corporate Officer Title(s):		
Attorney-in-Fact	☐ Partner — ☐ Limited ☐ General ☐ Attorney-in-Fact		
Guardian or Conservator Glibert THUMBPRINT OF SIGNER	☐ Trustee ☐ Guardian or Conservator ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Other:Top of thumb here	C Old C C		
Signer Is Representing:			
Signer Is Representing:	Signer Is Representing:		
STATE OF OREGON: COUNTY OF KLANATU	Signer Is Representing:		
Filed for record at request of Aspen Title & Escrow			
A.D., 19 96 at 3:15	'clock PM, and duly recorded in the M96 day		
or	on Page		
FEE \$35.00	Bernetha G. Letsch, County Clerk By		
	7-3-3-60		