QUITOLINI DILLI			
		STATE OF OREGON	Ι,
WILLIAM A. MASCH GRANTOR SNAIAMAR K. JOE GRANTEE GRANTEE'S ADDRESS. ZIP After recording return to: SNAIAMAR K. JOE 1418 PIPASANT AUE K-FALLS; OR 97601	SPACE RESERVED FOR RECORDER'S USE	County of	the within instru- or record on the , 19, .M., and recorded Toon as fee/file/instru- tion No,
NAME. ADDRESS, ZIP			and and seal of
Until a change is requested, all tax statements shall be sent to the following address:		County affixed.	and and sour or
K-Falls, OR- 97401		NAME D	TITLE
NAME, ADDRESS, ZIP		By	Deputy