	No. No. <th></th>	
	KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated May 15	
	Lot 20, Block 69, KLAMATH FALLS FOREST ESTATES, Highway 66, Unit, Plat No. 3, as recorded in the office of the County Recorder Klamath County, Oregon Consisting of 1.62 Net Acres. Subject to and including easements and rights of way of record. Klamath County, Oregon.	
	THE SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)	
V. Truster	having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said trust deed has been fully paid and performed, hereby does grant, bargain, sell and convey, but with- out any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said trust deed. In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and neuter and the singular includes the plural.	
URANCE COMPAN	IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its corporate name to be signed and its corporate seal to be affixed hereunto by its officers duly authorized thereunto by order of its Board of Directors. DATED: October 8	
MAL TITLE INSU	If the trutules who signs above is a corporation, use the form of acknowledgment opposite.] Helene Roethe, Assistant Secretary STATE OF OREGON,	
PIONEER NATIO	and acknowledged the foregoing instru- ment to be voluntary act and deed. Before me: (OFFICIAL SEAL) Notary Public for Oregon	
ONVEYANCE By	My commission expires: My commission expires uly 18, 1977 STATE OF OREGON, SRANTOR'S NAME AND ADDRESS SRANTOR'S NAME AND ADDRESS I certily that the within instru-	
S DEED OF REC	Image: Construction of the construc	
TRUSTEES	NAME, ADDRESS, ZIP County affixed. Until a change is requested all tax statements shall be sent to the following address. WM. D. MILNE Recording Officer Recording Officer NAME, ADDRESS, ZIP. FEE \$ 2,00	