01-10460 A BELAND. OF RECONVEYANCE. MEMORY PUBLICATION OF PORTANO. OF PARA NORM No. 607-Oregon Trust Deed Safet-TRUSTER'S DEED OF RECONVEYANCE. Vol. 18569 18569 00 CONVEYANCE Vol. 18560 00 CONVEYANCE VOL. 18569 00 CONVEYANCE VOL. 18569 00 CONVEYANCE VOL. 18560 00 CONVEYANCE VOL. 18660 00 CONVEYANCE VOL. 18560 00 CONVEY	
(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE) 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	
a corporation, it has caused its corporate name to be signed and its corporate seal to be atfixed hereunto by its officers duly authorized thereunto by order of its Board of Directors DATED: November 18, 19.76	
(if executed by a corporation, offix corporation, offix corporation, offix corporation, offix corporation, use the farm of acknowledgment apparite.) If the trustee (if the trustee who signs above is a corporation, use the farm of acknowledgment apparite.) IORS 93.490 STATE OF OREGON, STATE OF OREGON, County of	
Personally appeared the above named	
SEAD.:	
GRANTEE'S NAME AND ADDRESS space RESERVED ment was received for record on the 22nd day of NOVENBER., 19.76, at 11:18o'clock A. M., and recorded in book. M. 76on page. 18569. or as file/reel number. 21924, Record of Mortgages of said County Witness my hand and seal of County affixed.	
NAME. ADDRESS, ZIP Will a change is requested all tax statements shall be sent to the following address. Will D MILNE Recording Officer MML D MILNE Recording Officer NAME, ADDRESS, ZIP FEE \$ 3.00	

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