mt Sitle 4205 01-40385 36:103 DEED OF RECONVEYANCE Vol. 77 Page 17716m KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated ______ May 30___, 1974_, executed and delivered by Jay M. Phinney and <u>Sandra M. Phinney, husband & wife, as granter and recorded on ______ June 11, 1974</u>, in the Mortgage Records of ______ Klamath _____ County, Oregon, in book _M-74___ at page _____ 7198__. in the Mortgage Records of <u>Klamath</u> County conveying real property situated in said county described at follows: Lot 4 and the West 15 feet of Lot 3 in Block 309, DARROW ADDITION TO THE CITY OF KLAMATH FALLS, Klamath County, Oregon, 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 without 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. IN WITNESS WHEREOF, the undersigned trustee has executed this instrument. <u>September 20, 1977.</u> DATED: milling Trustee STATE OF OREGON. County of Klamath September 20, 19 7 Personally ap ed the above named William'L. Sisemore 1 1 Land, acknowledged the foregoing instruto be his voluntary act and deed. OFFICIAL CEALS STATE OF OREGON, Talu County of <u>KLAMATH</u> I certify that the within instrument SS. U ENotary Public for Oregon was received for record on the <u>21st</u> day of <u>SEPTEMBER</u>, 19.77. at <u>3:16</u> o'clock P.M., and recorded My commission expires Klamath List Leoleral in book <u>M77</u> on page <u>1771</u>6r as SPACE RESERVED file/reel number __36103__ FOR RECORDER'S USE Record of Mortgages of said County. Witness my hand and seal of County affixed. NAME, ADDRESS, ZIP **3**[25] ge to requested all tax statements shall be sent to the fallowing address WM. D. MTINE **Recording Officer** By NAME ADDRESS, ZIP L Deputy 40 FEE \$ 3.00