01-10902 38-1323 9 36111 Vol. 77 Page 17728 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust doed dated _______ April 23_, 19,73_, executed and delivered by Frederick K. Smith, and Lisa F. Smith, husband & wife, as granter and recorded on ______ April 27_, 19,73, in the Mortgage Records of ______ Klamath _____ County, Oregon, in book _M 73_ at page 5053____, conveying real property situated in said county described as follows: Lot 24, EXCEPTING the Northeasterly 1 foot thereof, in KENNICOTT COUNTRY ESTATES, Klamath County, Oregon, 2 ດາ č 2 B 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. DATED: ____ nella <u>September 20</u>, 19 77. Trustee STATE OF OREGON, County of _____Klamath September 20, 19 7 Personally appeared the above named William L. Sisemore není to be his voluntaryaét and deed. Sebe mer OFFICIAL SEAL + 1 Jand acknowledged the foregoing instru-STATE OF OREGON, 35. County of <u>KLAMATH</u> (11) Notary Public for Oregon I certify that the within instrument was received for record on the <u>21st</u> day of <u>SEPTEMBER</u>, 19 77, at 3;12<u></u> o'clock <u>RM</u>, and recorded in book <u>M 77</u> on page <u>17728</u> or as file/reel number <u>36111</u> My commission expires SPACE RESERVED Planath First FOR Record of Mortgages of said County. Witness my hand and seal of RECORDER'S USE nein County affixed. ge is requested all tax statements sent to the following address WM. D. MILNE **Recording Officer** f Lang Deputy NAME, ADDRESS, ZIP a Angeler 10. 1