M74265-B 01-40853 Vol. 77 Page 19428 DEED OF RECONVEYANCE 37180 KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that June 21 , 19 76 , executed and delivered by Mark A. Goode and 50 as grantor and recorded on certain trust deed dated \_ \_ County, Oregon, in book <u>M 76</u> at page <u>9611</u> Judy M. Goode, husband and wife, Klamath in the Mortgage Records of \_ conveying real property situated in said county described as follows: Lot 24, VILLA ST. CLAIR, Klamath County, Oregon, 08 H H c.2 E. 2 having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation naving received from the beneficiary under said that deed a written request to reconvey, recting that the bolgation 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. nilla <u>October 11</u>, 19 <u>77</u>. DATED: . Trustee STATE OF OREGON. County of \_\_\_\_Klamath October 11, 197 Personally appeared the above named William L. Sisemore 4 and acknowledged the foregoing instru-STATE OF OREGON, to be his voluntary act and deed. ss. mont County of <u>KLAMATH</u> I certify that the within instrument (OFFICIAL SEAL) was received for record on the <u>l2th</u> day of <u>OCTOBER</u>, 19, , Notary Public for Oregon day of <u>OCTOBER</u>, 19 ...., at <u>11;08</u> o'clock <u>AM.</u>, and recorded commission expires My in book <u>M77</u> on page <u>19128</u> or as file/reel number <u>37180</u> SPACE RESERVED Mt-C- Branc Record of Mortgages of said County. FOR RECORDER'S USE Witness my hand and seal of County affixed. NAME, ADDRESS, ZIP WM. D. MILNE e is requested all tax statements shall be sont to the following address **Recording** Officer Selach Deputy By Sernethas. NAME, ADDRESS, ZIP FEE \$ 3.00