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 Solution
 Sector
 KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated \_\_\_\_\_\_October 6.1975, executed and delivered by Marshall William Cooper and Frances J. Cooper, his wile as grantor and recorded on \_\_\_\_\_\_October 8.1975, in the Mortgage Records of \_\_\_\_\_\_Klamath \_\_\_\_\_\_County, Oregon, in book M75 \_\_\_\_\_\_ at page \_\_\_\_\_2482, .

î b conveying real property situated in said county described as follows: Lot 5 in Block 31, FIFTH ADDITION TO KLAMATH RIVER ACRES, Klamath County, Oregon, 2 . \_\_\_\_ Ĉ. [\*\*\*\* 1 5 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. rill DATED: \_ <u>October 14</u>. 19 77. Trustee STATE OF OREGON. County of \_\_\_\_Klamath October 14 t nally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON. (OFFICIAL SEAL) ss. County of \_\_\_KLAMATH I certify that the within instrument Notary Public for Oregon My commission expires was received for record on the \_ day of <u>OCTOBER</u>. <u>19</u> 77, at 4;02 o'clock <u>P</u>M., and recorded in book <u>M77</u> on page <u>19887</u> or as file/reel number <u>37488</u> ansameric SPACE RESERVED RECORDER'S USE Record of Mortgages of said County. Witness my hand and seal of 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** NAME, ADDRESS, ZI Bx Dernetha etach Deputy FEE \$ 49 1