TE AM STRUCT MTC 435 40961 _Page 24.986-4 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that trust deed dated certain trust deed dated ______ August 30___, 19 _74, executed and delivered by _Greg A. Edwards______and Marie A. Edwards, his wife, ______ us granter and recorded on ______August 30___, 1974_, in the Morigage Records of ______Klamath _____County, Oregon, in book _M-74__ at page _11654___ conveying real property situated in said county described as follows: Lot 6 in Block 36 of First Addition to the City of Klamath Falls, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, 24 5 277 IDEC (26 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: Julla December 23 , 19 77 . Trustee STATE OF OREGON, County of ___Klamath December 23 . 19 Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary, act and deed, Belore maz (OFFICIAI: Louis SEAL) STATE OF OREGON. County of Klamath Notary Public for Oregon I certify that the within instrument C My composition expires . was received for record on the 28th day of ______ _____, 19 77 nt 12:40 o'clock PM., and recorded Atter recording return to: in book <u>M77</u> on page <u>24986</u> or as file/reel number <u>40961</u> SPACE RESERVED FOR Record of Mortgages of said County. RECORDER'S USE 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 addre Wm. D. Milne **Recording Officer** Letoch Deputy NAME, ADDRESS, ZI By Dernetha V. Fee \$3.00