and the second 01-40408 m74819-m _Page 1255 _ 41992 DEED OF RECONVEYANCE Vol. 78 KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated ______ December 20____, 19_76, executed and delivered by _____ James A. Murphy, Jr and Linda M. Murphy, husband & wife, as grantor and recorded on ______ December 21, 19.76, in the date of ______ Records of ______ County Ocean ______ In the set of ______ 20287 in the Mortgage Records of <u>Klamath</u> County, Oregon, in book <u>M. 76</u> at page 20387, conveying real property situated in said county described as follows: Lot 6 in Block 1 of CASA MANANA, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, 07 NY 81 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. N DATED: _____ January 16 , 19 78 . Trustee STATE OF OREGON, County of _____Klamath January 16 . 19 78 and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON, SS. County of Klamath clouis m. talul (OFFICIAL SEAL) I certify that the within instrument Notary Public for Oregon was received for record on the 20th 2-5-81 day of January , 19 78 , My commission expires 11:40 clock A M., and recorded at ___ in book <u>M78</u> on page <u>1255</u> or as SPACE RESERVED Mountain file/reel number _____41992 FOR Record of Mortgages of said County. ud RECORDER'S USE Witness my hand and seal of NAME, ADDRESS, ZIF County affixed. Until a change is requested all tax statements shall be sent to the following address Wm, D, Milne Recording Officer By Desnethard Selach Deputy NAME ADORESS ZIP Fee \$3.00