01-41078 m/+ 6380-M 47944 Vol. 7 Fage 9617 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated _____January 24_____, 19 77_, executed and delivered by Lee Stanley Ross and Kathy Ross, husband and wife ______as grantor and recorded on ________28____. 19 77_. County, Oregon, in book <u>M77</u> at page 1596 conveying real property situated in said county described as follows: Lots 12 and 13 in Block 47 of BUENA VISTA ADDITION to the City of Klamath Falls, Oregon, according to the official plat thereof on file in the records of Klamath County, Oregon. 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: ___ May 10 nilla __, 19<u>78_</u>. Trustec STATE OF OREGON. County of ____Klamath May 10 and acknowledged the foregoing instrumerit to be his voluntary act and deed. Before the: OFFICFAL Cartin STATE OF OREGON. L Carly County of <u>Klamath</u> I certify that the within instrument L) Notary Rublic for Oregon My comparison expires 1-11-82 was received for record on the <u>llth</u> day of <u>Nay</u> at <u>10:18</u>, clock <u>A</u> M., and recorded in book <u>M78</u> on page <u>9617</u> or as file/reel number <u>47944</u> Mountain Litle SPACE RESERVED I OH RI CORDI R'S USF Record of Mortgages of said County. Witness my hand and seal of County affixed. NAME, ADDRESS, ZIP nts shall be sent to the following address. Wm. D. Mi.ne **Recording Officer** By Desmether & Alloch Deputy NAME ADDRESS ZIP Fee \$3.00