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ιć. \square H DEED OF RECONVEYANCE

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that October 30 , 19 72 , executed and delivered by Larry G. Judkins certain trust deed dated _ and Connie D. Judkins, his wife, ___ as grantor and recorded on _ November 3 _, 19 _72 , in the Mortgage Records of ____ Klamath _ County, Oregon, in book <u>M 72</u> at page ___ 12719 conveying real property situated in said county described as follows:

> Lot 1 and the Easterly 10 feet of Lot 2 in Block 31 of the CITY OF MALIN, 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.

Willen 2 DATED: _____October 3 , 19 78 . Trustee STATE OF OREGON, County of Klamath October 3 , 19 Personally appeared the above named William T. Sisemore ment to be his odluntary act and deed. ment to Bether voluntary wcc and Before me (OFFICIAL SEALIK 1) Notary Public for (Mr. commusion ev ()F STATE OF OREGON. \$\$. -alur County of Ktamath I certify that the within instrument 4th Notary Public for Oregon was received for record on the ______ _, 1978 Mr. commission expires 2-5-81 day of at 10:13 o'clock <u>A</u> M., and recorded M78 on page 22063 or as in book <u>M78</u> on page After recording return to: SPACE RESERVED file/reel number _ FOR Xlam let Jed. Record of Mortgages of said County. RECORDER'S USE Witness my hand and seal of NAME, ADDRESS, ZIP County affixed. change is requested all tax statem ents shall be Wm. D. Milne **Recording Officer** <u>Kilstk</u> Fee \$8.00 Deputy NAME ADDRESS ZIP