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DEED OF RECONVEYANCE Vol.

K-30292193

A- 29873

14 Page 22521 1

KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated \_\_\_\_\_\_\_July 18, 19 73, executed and delivered by \_\_Louis G. Glinkman and Valerie E. Glinkman, his wife, as grantor and recorded on \_\_\_\_\_\_\_July 24, 19 73, in the Mortgage Records of \_\_\_\_\_\_Klamath \_\_\_\_\_\_County, Oregon, in book M73 \_\_\_\_\_\_ at page \_\_\_9499 \_\_\_, conveying real property situated in said county described as follows:

Lot 10 in Block 1, FIRST ADDITION TO VALLEY VIEW, 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: <u>October 3 , 19 78</u>.

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Trustée

STATE OF OREGON. County of Klamath October 3 Personally appeared the above named William L. Sisemore ्राह्य Figend acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON, 0 OFFICIAL SS. Klamath County of . I certify that the within instrument SEAL) \_\_\_\_\_<u>9th</u>\_\_\_, *19*78 Notary Public for Oregon was received for record on the My commission expires day of . K at 4:02 o'clock P. M., and recorded After recording teturn to in book \_\_\_\_M78\_ on page 22521 or as SPACE RESERVED file/reel number \_\_\_\_ 56382 FOR -Co 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 address. Wm. D. Milne **Recording Officer** stack Deputy By Alexiethe NAME, ADDRESS. ZIP Fee \$3.00