Vol. 78 23244 Page 56843 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that . 19 64 , executed and delivered by Arliss D. Reeder and June 3 certain trust deed dated 19 64. June 4 Martina M. Reeder, his wife, \_ as grantor and recorded on . 494 County, Oregon, in book 223 at page in the Mortgage Records of <u>Klamath</u> conveying real property situated in said county described as follows: Lot 10, Block 9, FAIRVIEW NO. 2, 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.

<u>October 16</u>, 1978. DATED: \_ Trustee STATE OF OREGON. County of Klamath October 16 Personally appeared the above named William'L. Sisemore 1. 1 A gind acknowledged the foregoing instruvolis. Bejorg m ment to be his voluntary act and deed. STATE OF OREGON. N. S. SS. Klamath County of <u>Klamath</u> I certify that the within instrument (OFFICIAL 1US SEALIN U C Notage Public for Oregon was received for record on the day of October . 1.8 7th My commission expires day of \_ at 3:19 o'clock P.M., and recorded in book M78 on page 23244or as file/reel number 56843 SPACE RESERVED FOR Record of Mortgages of said County. RECORDER'S USE 9760 Witness my hand and seal of FO. NAME, ADDRESS, ZIP County affixed. sted all tax statem ents shall be sent to the foll Wm. D. Milne **Recording Officer** etech Deputy By & In 0 M NAME, ADDRESS. ZIP Fee \$3.00