38-1737 62970 DEED OF RECONVEYANCE Vol. 79 Page 4133 KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated _______September 30 1971, executed and delivered by Raymond Arthur Mackadams and Carolina Maria Mackadams, his wife, executed and delivered by Raymond Arthur in the Mortgage Records of Klamath ______ County, Oregon, in book M71 ______ at page 10410, conveying real property situated in said county described as follows:

Lot 2 of Block 5 of FIRST ADDITION TO KELENE GARDENS, 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: February 20 , 19 79 . Trustee STATE OF OREGON County of Klamath February. 20 Personally appeared the above named William L Sisemore _ and acknowledged the foregoing instrument to be his voluntary act and deed. A STREET igre . STATE OF OREGON. YOFFICIAL cours County of __Klamath SEAL). Notary Public for Oregon I certify that the within instrument 23rd My commission expires was received for record on the _ _ . 19 79 day of _____ February_ at 3:41 o'clock PM., and recorded tor, 🕤 in book <u>M79</u> on page <u>4133</u> or as file/reel number <u>62970</u> SPACE RESERVED file/reel number _ FOR RECORDER'S USE Record of Mortgages of said County. Witness my hand and seal of NAME ADDRESS 71 County affixed. ge is requested all tax statements shall be sent to th What. D. Milne Recording Officer NAME, ADDRESS, ZIP Deputy

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