64034

DEED OF RECONVEYANCE

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KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated _______ May 4 .19 72 , executed and delivered by CHRIS A. BEEGLE and MICKEY LEE BEEGLE, his wife, ______ as grantor and recorded on _______ May 5 .19 72 . in the Mortgage Records of _______ Klamath ______ County, Oregon, in book M 72 ______ at page 4801 .

Beginning at a point 1504 feet East of the Southwest corner of the NW4 of NW4 of Section 5, Township 39 South, Range 9 East of the Willamette Meridian, thence South 280 feet to the point of beginning; thence South 100 feet; thence West 100 feet; thence North 100 feet; thence East 100 feet to the point of beginning.

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.

March 12 , 19 79 .

DATED

AM 10 55

HAR 15

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Willen

Trustee STATE OF OREGON, County of Klamath March 12 Personally appeared the above named Willliam L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. OFFICIAL STATE OF OREGON. In SEAL) (Notary Public for Oregon County of ___Klamath I certify that the within instrument My commission expires was received for record on the 15th 11.00 A^{\prime}_{i} day of <u>March</u> at 10:55 o'clock A M., and recorded in book <u>M79</u> on page <u>5876</u> or as SPACE RESERVED file/reel number __ FOR 64034 RECORDER'S USE Record of Mortgages of said County. NAME. ADDRESS, ZIP Witness my hand and seal of County affixed. change is requested all tax statements shall be sent to the following address, Wn. D. Milne Recording Officer NAME, ADDRESS, ZIP By Derne) Deputy Fee \$3.00