64487

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 August 14, 19 78, executed and and Andrea E. Minnick, his wife, as grantor and recorded on _____ August 14 , 19 78 , executed and delivered by Albert E. Minnick Klamath August 15 , 19 78 , conveying real property situated in said county described as follows: _ County, Oregon, in book M78 _at page _ 17904

> Lot 4, Block 31, Klamath Falls Forest Estates, Highway 66 Unit, Plat No. 2, according to the official plat thereof on file in the office of the County Clerk 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. DATED: March 22 , 19<u>79</u> . Trustee STATE OF OREGON. County of Klamath March 22 Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. Befgge me: STATE OF OREGON. OFFICIAL STATES SEAL)
Notary Public for Oregon County of _ Klamath I certify that the within instrument My cammission expires _ was received for record on the 23rd COFOR day of March at 11:18 o'clock A M., and recorded in book M79 on page 6586 or as file/reel number 64487 SPACE RESERVED FOR RECORDER'S USE Record of Mortgages of said County. NAME, ADDRESS, ZIP Witness my hand and seal of Until a change is requested all tax statements shall be sent to the following address. County affixed. D. Milne Recording Officer NAME, ADDRESS, ZIP

Fee \$3.00