01-40922 m-1 1536-m 64687

DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated _______August 27, 19,76, executed and delivered by Alfred E. Martin and Lona M. Martin, husband & wife, as grantor and recorded on ______August 30, 19,76, in the Mortgage Records of ______Klamath _____County, Oregon, in book M76 ______ at page _____13498,

Lot 5 in Block 2, RIVER RANCH ESTATES, 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.

March 27 , 19 79 .

C Kel al UV DATED:

Willia 2 Son

	Trustee	
STATE OF OREGON,		
County of <u>Klamath</u>		
March 27, 19 79		
지금 방법 상태에서 걸었다. 동물 물건의 물건이 가지 않는다.		
Personally appeared the above named		
WIIIiam L. Sisemore		
and acknowledged the foregoing instru-		
ment to be his voluntary act and deed.		
Beforê me:	STATE OF OREGON,	
OFFICIAL CONIN M Talues	· · · · · · · · · · · · · · · · · · ·	ss.
1 Notary Public for Oregon	County of <u>Klamath</u>	
My commission expires2-5-81	I certify that the within instrume was received for record on the <u>281</u>	ent
	day of March, 19_79	<u>cn</u> 0
After recording return to:	at 1:19 o'clock P M. and record	1.1
SUM MA	SPACE RESERVED IN book M79 on page 6861 or	85
City	FOR JUE/reel number <u>64687</u>	_ •
NAME, ADDRESS, ZIP	Record of Morigages of said County	
$\boldsymbol{\nu}$	Witness my hand and seal County affixed.	of
Until a change is requested all tax statements shall be sent to the following address.		
	<u>Mn. D. Milne</u>	
	/ Recording Offic	
NAME, ADDRESS, ZIP		• •
	By Mernellin Altech Deput	ty
	Fee \$3.00	-