80679 m 2943 DEED OF RECONVEYANCE Page KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that August 5, 19 77, executed and delivered by ROBERT HARRY STIER Sontember 15, 19 77 certain trust deed dated Augu and DIANA K. STIER, his wife, as grantor and recorded on _____ in the Mortgage Records of _ September 15.19 77. Klamath _ County, Oregon, in book ______ conveying real property situated in said county described as follows: ____ at page _____17251___. Lot 1 in Block 2 of Tract 1131 - THE WADES, 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. February 13 DATED: ., 19<u>80</u>. Trustee STATE OF OREGON. County of Klamath February 13 Personally appeared the above named William L. Sisemore _ and acknowledged the foregoing instrument to be his voluntary act and deed. i ni OFFICIAL Lows STATE OF OREGON, SEAL) County of Notary Public for Oregon Klamath 94 I certify that the within instrument My commission expires -1 was received for record on the <u>14th</u> 113 day of _____ February___ Robert H. Stier Alleri _. 19_80 . ecording return to: at 10:14 o'clock A M., and recorded Mr. and Mrs' in book ______ on page _____ or as SPACE RESERVED 6901 1/2 Coldwater Canyon file/reel number <u>80679</u> FOR North Hollywood, California 91606 RECORDER'S USE Record of Mortgages of said County. NAME, ADDRESS, ZI Witness my hand and seal of County affixed. il a change is requested all tax statements shall be sent to the following address. Wm. D. Milne **Recording Officer** NAME, ADDRESS, ZIP utta Deputy Fee \$3.50

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