04-118.10 38-21208 M 7876 3718 Vol. 80 Page DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated ____ _August/4 . 19 75 . and Phadie R. Hamilton, his wife, as grantor and recorded on ______ August/4 . 19 75 . in the Mortgage Records of ______ Klamath _____ County, Oregon, in book ______ Argust / 4 . 29 75 . in the Mortgage Records of _____Klamath____County, Oregon, in book __M_75__at page __9487__. conveying real property situated in said county described as follows: (re-recorded to correct recording date -December 2, 1975, in Vol. M75, page 15147) Lots 18 to 22, inclusive, and Lots 29 to 33, inclusive, CREGAN PARK, Klamath County, Oregon, ž. 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. William 2 DATED: _____ April 25 , 1980 . Trustee STATE OF OREGON. County of Klamath April 25 and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON, ss. Batore me: (OFFICIAL LOUL Klamath County of _ I certify that the within instrument Notary Public for Oregon was received for record on the _28th_ day of _______, 19 80_, at ________, 251______ o'clock _P M., and recorded My commission expires 2-5-81 in book <u>M80</u> on page <u>7876</u> or as file/reel number <u>83718</u>. SPACE RESERVED 5+6 FOR - K.F Record of Mortgages of said County. RECORDER'S USE Witness my hand and seal of atta: Do NAME ADDRESS ZIE County affixed. nge is requested all tax statements shall be sent to the following address. Wm. D. Milne **Recording** Officer Lity & Deputy By Decastla NAME ADDRESS ZIP Éee \$3.50