292 Frontier Tall 85152 Vol. M80 Page 10:89 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated __ February 1 . 19 79 . executed and delivered by JAMES R. TITUS and FREDIA J. TITUS, his wife, as grantor and recorded on _____ February 2 . 19 79 . in the Mortgage Records of _____Klamath _____County, Oregon, in book __M79 ___ at page __2838 . conveying real property situated in said county described as follows: The NE¹4NW4 and the NW4NE4 Section 36, Township 38 South, Range 10 East of the Willamette Meridian, in the County of Klamath, 20 ອ Ξ 117 M 30 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. June 3, 19<u>80</u>. DATED: _ William 2 Trustee STATE OF OREGON. County of ___Klamath <u>June 30</u> Personally appeared the above named . William L. Sisemore _ and acknowledged the foregoing instrument to be his voluntary act and deed. Bjore me: STATE OF OREGON. taluly OFFICIAD M Klamath County of _ Notary Public for Oregon I certify that the within instrument was received for record on the 5th day of June 10 80 at 9:50 o'clock A M., and recorded in book M80 on page 10189 or as file/reel number 85152 My commission expires 2-5-81 Anontic Dide SPACE RESERVED FOR RECORDER'S USE Record of Mortgages of said County. NAME, ADDRESS. ZIP Witness my hand and seal of County affixed. inge is requested all tax statements shall be sent to the following address. Wm. D. Milne **Recording** Officer Actoch Deputy NAME, ADDRESS, ZIP

Fee-

\$3.50