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DEED OF RECONVEYANCE

Vol. Mgs Page_ 10216

KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated ______October 5, 19 76, executed and delivered by _Norman G. Ross_and Marion L. Ross, husband and wife, _____as grantor and recorded on ______October 11, 19 76, in the Mortgage Records of ______Klamath _____County. Oregon, in book __M76____at page __15995___, conveying real property situated in said county described as follows:

> The North 70 feet of Lot 11 in Block 5 of PLEASANT VIEW TRACTS, EXCEPTING THEREFROM the Easterly 5 feet conveyed to Klamath County for road purposes, 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.

Willia 2 <u>June 3</u>, 19<u>80</u>. DATED: _ Trustee STATE OF OREGON. County of ____Klamath June 30 ÷ Personally appeared the above named _ William L. Sisemore ment to be his voluntary act and deed. STATE OF OREGON. Barre me: ss. 0 Klamath County of _ OFFICIAL LAUL I certify that the within instrument SEAL) . ; Notary Public for Oregon was received for record on the <u>5th</u> . 19 80 day of June . 19 80 . at 11:17 o'clock A M., and recorded My commission expires ... in book <u>M80</u> on page <u>10216</u> as file/reel number <u>85164</u> SPACE RESERVED FOR Record of Mortgages of said County. RECORDER'S USE Witness my hand and seal of NAME, ADDRESS, ZIP County affixed. Until a change is requested all tax statements shall be sent to the following address Wm. D. Milne **Recording** Officer Stock Deputy NAME ADDRESS ZIP Fee \$3.50