85901

DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that December 6 . 1977 . executed and delivered by Trenton S. Douglas December 20 . 19 77 .

certain trust deed dated. as grantor and recorded on M 77 at page _ 24535 County, Oregon, in book in the Mortgage Records of Klamath conveying real property situated in said county described as follows:

> The North 40 feet of Lots 680 and 681, Block 107, MILLS ADDITION to the City of Klamath Falls, according to the official plat thereof to 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 nd the singular includes the plural.

feminine and neuter and the singular includes the plural	
IN WITNESS WHEREOF, the undersigned tru	stee has executed this instrument.
DATED: June 20, 19 80.	Willen Dlum
	Trustee
STATE OF OREGON.	
County of Klamath	
June 20 - 19 - 80	
Personally appeared the above named	
William L. Sisemore and acknowledged the foregoing instru-	
ment to be his coluntary act and deed.	STATE OF OREGON.
OFFICIAL LOWER M. Falury	County of Klamath I certify that the within instrument
SEAL) Notary Public for Oregon	was received for record on the 23rd
My commission expires2_5-81	day of
After recording return to:	in book M80 on page 11464 or as file/reel number 85901
After recording return to: That Mille Co.	Record of Mortgages of said County.
	Witness my hand and seal of County affixed.
NAME, ADDRESS, ZIP	원생님 하는 병원 가장 있다. 그는 그는 그 살아 있다.
Until a change is requested all fax statements shall be sent to the following address.	Wm. D. Milne Recording Office
	B Sunta Aholozh Deput
NAME ADDRESS. ZIP	Fee \$3.50