87161   DEED OF RECONVEYANCE   Vol. M 80 Page 13510

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated _____October 10__ . 19 77__ . executed and delivered by __Robert B. Williams__ and Rae Donnalee Williams, his wife, as grantor and recorded on _____October 10_____ . 19 _77_ . in the Mortgage Records of _____Klamath_____ County, Oregon, in book ___M77___ at page __19297__ . conveying real property situated in said county described as follows:

> Lot 716, Block 129, MILLS ADDITION to the City of Klamath Falls,
> according to the official plat thereof on file in the office
> of the County Clerk of Klamath County, Oregon,

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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.

DATED: _____July 18__ , 19 _80_ .   _William L. Sisemore_

                                                        _____
                                                                    Trustee

STATE OF OREGON.   } ss.
County of __Klamath_____
          _____July 18__ , 19 80_ .

Personally appeared the above named _____
William L. Sisemore,_____
_____ and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:
(OFFICIAL
SEAL)   _____ M. Foley_____
                Notary Public for Oregon
                My commission expires __2-5-8?__

After recording return to:
Mr. and Mrs. Robert B. Williams_____
5125 Mazama Drive_____
Klamath Falls, Oregon 97601_____
          NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

_____
_____
          NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON.   } ss.
County of ___Klamath_____
    I certify that the within instrument was received for record on the 21st day of _____July_____ . 19 _80_ . at _2:02_ o'clock P. M., and recorded in book __N80__ on page _13510_ or as file/reel number __87161__ . Record of Mortgages of said County.
    Witness my hand and seal of County affixed.

        Wm. D. Milne_____
                        Recording Officer
By _____ Deputy
        Fee $3.50