31-21949 04-11833 181.35 90076 DEED OF RECONVEYANCE 80 N. Ole -KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that February 17 . 1978 . executed and delivered by Vicki Rae Dundon as grantor and recorded on _____ certain trust deed dated _ County, Oregon, in book <u>M-78</u> at page <u>3248</u> Klamath in the Mortgage Records of _ conveying real property situated in said county described as follows: Lot 14 in Block 210 of MILLS SECOND 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, \sim 1 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. Willen 2 DATED: ______ September 19 , 19 _80 . Trustee STATE OF OREGON. County of Klamath September 19 Personally appeared the above named _ William L. Sisemore and acknowledged the foregoing instru-STATE OF OREGON. ment to be his voluntary act and deed. County of __Klamath -57 M Before me: I certify that the within instrument OFFICIAL Lover was received for record on the 22nd day of <u>September</u> . 19 <u>80</u>, at 3:43 o'clock ^P M. and recent . Notary Public for Oregon SEAL) My commission expires 2-5-8 as 0_{1} o'clock $\stackrel{P}{=}$ M., and recorded in book M80 on page 18135 or as SPACE RESERVED file/reel_number_90076___ Record of Mortgages of said County. FOR RECORDER'S USE Witness my hand and seal of all County affixed. ana NAME, ADDRESS, ZI Wm. D. Milne inge is requested all tax statements shall be sent to the following address. **Recording** Officer 15 Deputy By Demethat NAME ADDRESS ZIP Fee \$3.50