91699 Vol. % Pape 20775 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that KINOW ALL MEIN BY IHESE PRESEIVIS. Inat the undersigned trustee or successor trustee understand trust deed dated <u>March 28</u>. 19 79 executed and delivered by <u>Diane Lee Switzler</u>, formerly Diane Lee Dumontas grantor and recorded on <u>April 2</u>. 19 79 for the second dated for the second date of the se in the Mortgage Records of _____ conveying real property situated in said county described as follows: County, Oregon, in book <u>M79</u> at page 7193 19 79. Lots 1, 2 and 3 Block 12, CHILOQUIN DRIVE ADDITION TO THE CITY OF CHILOQUIN, in the County of Klamath, State of 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 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: _ October 23 . 19_80 Wille STATE OF OREGON, Trustee County of ______ October 23 Klamath Personally appeared the above named William L. Sisemore, Trustee and acknowledged the foregoing instrument to be his volution act and deed. Before m 1. STATE OF OREGON. OFFICIAL Oling Notary Public for Oregon County of _ SS. Klamath My commission expires I certify that the within instrument 11-2-83 was received for record on the ____24th 21 After recording return to: day of ______ _ . 19_80 . at 9:53 o'clock A.M., and recorded in book M80 on pa20775 or us SPACE RESERVED 836 file/reel number _____91699 FOR RECORDER'S USE Record of Mortgages of said County. NAME, ADDRESS, ZIP Witness my hand and seal of Until a change is requested all tax statements shall be sent to the following address. County affixed. Wm. D. Milne Recording Officer NAME, ADDRESS, ZIP to Deputy By Dernetha Fee \$3.50