91702

) 0<u>17 24 44 0 53</u>

## DEED OF RECONVEYANCE

Vol.<sup>M</sup>80 20778 KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that trust deed dated \_\_\_\_\_\_\_ September 6 \_\_\_\_\_\_\_. 19 79 . executed and delivered by \_\_\_\_\_\_\_ Steve Weiser, aka Steve Wesier \_\_\_\_\_\_\_\_ as grantor and recorded on \_\_\_\_\_\_\_ September 6 \_\_\_\_\_\_. 19 79 . certain trust deed dated \_\_\_\_\_\_ \_\_\_\_\_aka Steve Wesier in the Mortgage Records of \_\_ conveying real property situated in said county described as follows: County. Oregon, in book <u>M79</u> at page 21302

The E<sup>1</sup>2NW42NW42 of Section 7, Township 39 South, Range 9 East of the Willamette Meridian, 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 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 musculine gender includes the feminine and neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has

DATED. October 23 80	has executed this instrument.
DATED:	- Jullion 2 Series
	Trustee
County of Klamath October 23 . 19 80	
William L. Sisemore, Trustee	
Before me: FFICIAL Notary Public for Oregon My commission expires <u>11-2-83</u> er recording return to:	STATE OF OREGON, County of <u>Klamath</u> I certify that the within instrument was received for record on the <u>24th</u> day of <u>October</u> , 19 80
Cort to 836 Elunote NAME, ADDRESS, ZIP	SPACE RESERVED in book <u>M80</u> on page <u>20778</u> or as FOR file/reel number <u>91702</u> RECORDER'S USE Record of Mortgages of said County. Witness my hand and could of
i a change is requested all tax statements shall be sent to the following address.	County affixed.
NAME. ADDRESS, ZIP	By Demotha Shiloth Deputy Fee \$3.50
	Fee \$3.50