38-23189 04-12073 4901 Vol.M.8 Page 17238 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated _ June 30 _____, 19 _____, executed and delivered by Larry W. Rabe and Kathryn L. Rabe, his wife, as grantor and recorded on _____ July 1 . 19 76 . in the Mortgage Records of _____ Klamath County, Oregon, in book <u>M 76</u> at page 9999 conveying real property situated in said county described as follows: Lots 19, 20 and 21 in Block 39 of MALIN, Klamath County, 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. September 24, 19<u>81</u>. DATED: Willia 2 Trustee STATE OF OREGON. County of ___Klamath September 24 Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON. OFFICIAL SEAL) County of ___Klamath Notary Public for Oregon I certify that the within instrument My commission expires 2-5-8 was received for record on the ______ day of _______ September ______ the <u>28th</u> After recording at _____ o'clock __ M., and recorded ·AT JULIE in book M-81 on page 17238 or as SPACE RESERVED file/reel number <u>4901</u> FOR Record of Mortgages of said County. RDER S USE 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. Evelyn Biehn **Recording** Officer NAME ADDRESS ZIP and Deputy Fee \$4.00