

85921 12366

REQUEST FOR FULL RECONVEYANCE

To be used only when note has been paid

The undersigned is the legal owner and holder of all indebtedness secured by this Deed of Trust. All sums secured by said Deed of Trust have been paid, and you are requested, on payment to you of any sums owing to you under the terms of said Deed of Trust, to cancel all evidences of indebtedness, secured by said Deed of Trust, delivered to you herewith and to reconvey, without warranty, to the parties designated by the terms of said Deed of Trust, the estate now held by you under the same.

Mail Reconveyance to:

Address

City and State

CORPORATE NAME

DEED OF TRUST

Do not lose or destroy this Deed of Trust OR THE NOTE which it secures. Both must be delivered to the Trustee for cancellation before reconveyance will be made.

BRANCH NO. 1230		ADDRESS 600 Main St, Klamath Falls, OR 97601		TRUSTEE TRANSAMERICA TITLE INSURANCE COMPANY		DATE OF TRUST 09/28/82		DATE OF LOAN 09/28/82		DATE DUE 09/28/82		DATE FIRST PAYMENT 09/28/82		DATE LAST PAYMENT 09/28/82		DATE OF OTHER PAYMENTS 09/28/82		DATE FINAL PAYMENT DUE 09/28/82		PRINCIPAL BALANCE 12,175.00		TOTAL OF PAYMENTS 32,100.00		NUMBER OF PAYMENTS 120	
20.41		20.41		20.41		20.41		20.41		20.41		20.41		20.41		20.41		20.41		20.41		20.41		20.41	

THIS DEED OF TRUST SECURES FUTURE ADVANCES - MAXIMUM OUTSTANDING \$ 12,000.00

CIT FINANCIAL

Box 1688

Medford, OR 97501

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record

this 23 day of Sept

A.D. 19 82

at 12:11 o'clock AM

and

duly recorded in Vol. 12657

of Page 32

of Medford, OR

Fee \$8.00

By Evelyn Biehn

Notary Public

My Comm. Expires 11-2-82

Notary Public

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Notary Public

(Seal Number)

Notary Public

(Seal Number)

Notary Public

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STATE OF OREGON

COUNTY OF KLAMATH

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