in the Mortgage Records of Klamath

Me rouge 16145

DEED OF RECONVEYANCE

AMCQA			turiton or successor tr	ustee under man
TIOUR		That the undersigned	GILB!	ERT
	BY THESE PRESENTS, May NE MARIE BAIN of Klamath	Ol and and	delivered by	10
KNOW ALL MEN	BI INDO-	19. Di, executed and	•	17
1 deted	May	as Arantor and recorded	d on	at
certain trust deed dated	May	as grante	ok/reel/volume No	. Vi-to which).
DATH AND JOSEPHI	-7th	County, Oregon, in a		(indicate wincing)
BALLE Pecords	of Klaima Git	ment/microfilm No		
in the Mortgage Records	document/fee/file/inst	(Official)		

page, or as document/fee/file conveying real property situated in said county described as follows: Lot 8 of Block 4 RIVER PINE ESTATES, according to the official plat thereof on file in the office of Klamath County, Oregon,

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation naving received from the beneficiary differ said trust deed a written request to receivey, recting that the congenion 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. ruires, the masculine gender includes the

ut any covernment in and to said described in	the masculine gender includes the
eld by the undersigned in and to said described provided by the undersigned in and to said described provided the control of t	ext hereof so requires, the masculine gender includes the
	ext heroo
In construing this instrument and whenever the construing this instrument and whenever the construint and the singular includes the plural territored trust	tee has executed this instrument; if the undersigned is gned and its corporate soal to be affixed hereunto by its of Directors.
In constrainter and the singular morado	tee has executed this instrument; if the undersigned is gned and its corporate soal to be affixed hereunto by its of Directors.
eminine and Heuter date	the has executed this mistranto he affixed hereunto by its
the undersigned trust	corporate soal to be different
IN WITNESS WHEREOF, the name to be significant to be significant.	gned and 15
IN WITNESS WHEREOF, the name to be superioristic to the superiorist to the superiorist to the superiorist to the superiorist that superiorist the superiorist to the superiorist to the superiorist that superiorist the superiorist that superiorist the superiorist that superiorist the superiorist that superiorist	of Directors.
a corporation, it has thereunto by order of its bound	
sticers duly authorized thereast	
officers duly describer 8 , 1982	Agres R. Strickland
October	James R. UCL
DATED: October 7	
7	
	Trustee
(If executed by a corporation,	=
offix corporate seal)	
	TE OF OREGON, County of) ss.
(If the trustee who signs above is a corporation, (ORS 93.490) use the form of acknowledgment apposite.)	County of
(If the trustee who significant opposite.)	TE OF OREGON, County
use the form of the common of	
STATE OF OREGON,	Personally appearedwho, being duly sworn,
STATE OF THE PHANESTON ()	Personally appearedwho, being duly sworts
County of Relative 82	that the former is the
County of Klameth Na. W. State of County of Klameth Na. W. State of County of Klameth Na. W. State of County of Market Na. W. State of County of C	th for himself and not one for the other, did say that the former is the president and that the latter is the
OC LODGE	th for himself and not one for the other, did say that the latter is the president and that the latter is the secretary of
eac	president und
Personally appeared the above named JAMES R. STRICKLAND	secretary of
Personally appeared the CKT.AND	
TAMES R. STRICKERS	
GARIES	thed to the foregoing instrument and sealed in be-
The state of the s	of that the seal attived to that said instrument was signed that the each of
and acknowledged the toregoing instru-	d that the seal affixed to the foregoing instrument is the corporate seal direction and that said instrument was signed and sealed in besaid corporation by authority of its board of directors; and each of the seal directors and deed.
and acknowledge voluntary act and deed.	
ment to be his voluntary act and the	
ment to be	Before me: SEAL)
The same of the same	
Betgreene: Kanker	
COPFICIAL	Votary Public for Oregon
N COPPLEASE TO SEE A SEE AND A SEE A	Votary Fubile
SEAL) Notary Publicator Oregon 2 -/ 85 N	My commission expires:
Notary Publicator Oregon Notary Publicator Oregon My commission expires /2 -/ 85	- TOOM
My commission expired	STATE OF OREGON,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31 A. 2 -
	County of Klamath instru-
	County of Klames
***************************************	County of
	I certify that thed on the
	I certify that the within a factor of the ment was received for record on the Mov 19
GRANTOR'S NAME AND ADDRESS	ment was 100 NOV 19 19
Garage	ment was received for record on 19.82
The state of the s	at 1:03 o'clock P.M., and recorded
The state of the s	at
The state of the s	t-/-nel/volume 110
The state of the s	SPACE RESERVED in book/leel/total
GRANTEE'S NAME AND ADDRESS	page 16145 or as document, 1674 instrument/microfilm No. 17634 instrument/microfilm No. 17634
GRANIEC	in use
Gwenn Greer, Pt. Acct.Coordinator	r instrument/microtilm No
After recording return to: Crook Pt. Acct. Coordinator	Record of Morigan
Gwenn Greer, Pt. RACL HOSPITAL SACRED HEART GENERAL HOSPITAL SACRED HEART GENERAL OR 97440	Record of Mongas Witness my hand and seal
SACRED HEART GENERAL HOST OTAMO	
SACRED HEART GENERAL HOSSIAN P.O.BOX 10905, Eugene, OR 97440	County affixed.
P.O.BOX 10303, 2233	Evelyn Biehn County Cler
NAME, ADDRESS, ZIP	Biehn County Cler
Until a change is requested all tax statements shall be sent to the following add	PAGTAM
hanne is requested all tax statements shall be	NAME / C/
Until a change is required	Me Vear Dept
	1 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
DN Out of Class	By Again Clear Dep

NAME, ADDRESS, ZIP