23623

DEED OF RECONVEYANCE

Vo	.1483	Page	7721
	•//0	- Cyc	, , , , , , ,

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated ______ August 28 _____, 19 81 ____, executed and delivered by John Goodman D.D.S. and Sheryl A. Goodman, his wife, as grantor and recorded on ______ August 28 _____, 19 81 ____, in the Mortgage Records of ______ Klamath _____ County, Oregon, in book ______ 81 ____ at page ______ 15398 ____. conveying real property situated in said county described as follows:

Lots 1, 2, 3, and 4, Block 3, UPPER LAKE GARDEN ACRES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, 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 masculine gender includes the feminine and neuter and the singular includes the plural.

jeminine and nei	arer and the singular includes the plural.		
· IN WITI	NESS WHEREOF, the undersigned trus	tee has executed this	instrument.
DATED:	<u>May 16</u> , 19 <u>83</u> .	Willes 2 Sem	
			Trustee
STATE OF OREGO			
magi to be his reluni Before (DFFICIAL SEAL)	me: Mr. Falvey		STATE OF OREGON, County of Klamath I certify that the within instrument
Му ср	Public for Oregon Munission expires 2-5-85 1 ST Adual in Jallo, DR	SPACE RESERVED FOR RECORDER S USE	was received for record on the 17th day of May 70 83 at 2:46 o'clock P.M., and recorded in book M83 on page 7721 or as file/reel number 23623. Record of Mortgages of said County.
Until a change is requested	2 NAME, ADDRESS, ZIP 2 all tax statements shall be sent to the following address.		Witness my hand and seal of County affixed.
Dame			Recording Officer By Deputy
	NAME ADDRESS ZIP		By CCX/CX Deputy

Fee \$4.00