30153

#L #01-00045

DEED OF RECONVEYANCE

MA

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KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated _______ June 27, 19 72, executed and delivered by WILLIAM J. BUSHAW and HELEN E. BUSHAW, his wife, as grantor and recorded on _______ June 29, 19 72, in the Mortgage Records of _______ Klamath ______ County, Oregon, in book M72 ______ at page ______ 7068, conveying real property situated in said county described as follows:

Lot 15 in Block 1 of FOURTH ADDITION TO SUNSET VILLAGE, Klamath County, Oregon,

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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.

llen DATED: ___ October 31___ 19 83_. Trustee STATE OF OREGON County of Klamath October 31 and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON. OFFICIAL 3 Klamath County of _ ĂĽI, Notars Public for Oregon I certify that the within instrument was received for record on the <u>3rd</u>. 2 - 5-85 Wy commission expires . ___, 19__83. day of November G at 8:58 o'clock A. M., and recorded in book M83 on page 1892@r as ding return to: SPACE RESERVED Klamath First Federal file/reel number ____ 30153 FOR 540 Main Street RECORDER'S USE Record of Mortgages of said County. Klamath Falls, OR 97601 Witness my hand and seal of, NAME, ADDRESS, ZIF County affixed. Until a ch equested all tax statements shall be sent to ing address. Evelyn Biehn, County Clerk Same **Recording Officer** By TAn D. Deputy NAME, ADDRESS, ZIP Fee: \$4.00