33632

certain trust deed dated _

DEED OF RECONVEYANCE

33632	<u></u>	
	DEED OF RECONVEYANCE	Vol. <u>m84</u> Page : 2534
KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that		
C. GAIL ADAMS, husband and wi	<u>fe</u> , as grantor and recorded on	delivered by <u>ROBERT S. ADAMS</u> , III

and C. GAIL ADAMS, husband and wife, as grantor and recorded in the Mortgage Records of ____ <u>Klamath</u> County, Oregon, in book <u>M 83</u> at page <u>10923</u>, , 19<u>8:</u> conveying real property situated in said county described as follows:

Lot 15, Block 36, HOT SPRINGS ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of 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.

Willin: 2

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument.

DATED: _____ February 16, 19_84.

Trustee STATE OF OREGON. County of __Klamath February 16 Personally appeared the above named _ <u>William L. Sisemore</u> and acknowledged the foregoing instrument to be his voluntary got and deed. Before me: STATE OF OREGON. V OFFICIAL COUL SS. County of __Klamath SEAL) Notary Public for Oregon I certify that the within instrument was received for record on the 16th My commission expires ____ 2-5-85 day of <u>February</u>, 19 <u>84</u>, at <u>3:40</u> o'clock <u>P</u> M., and recorded in book <u>M84</u> on page <u>2534</u> or as ROBERT ADAMS SPACE RESERVED ELDORADO F file/reel number <u>33632</u> FOR RECORDER'S USE Record of Mortgages of said County. 7601 7 Witness my hand and seal of NAME, ADDRESS, ZIP County affixed. nge is requested all tax statements shall be sent to the follo Evelyn Biehn, County Clerk **Recording Officer** By Litmi em 7L NAME, ADDRESS, ZIP _ Deputy Fee: \$4.00