/#01-11173 35949 3547 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated 6865 a single person, ____, 19 78, executed and delivered by <u>CAROLYN J. JOHNSON</u>, in the Mortgage Records of _____ conveying real property situated in said county described as follows: as grantor and recorded on ____ County, Oregon, in book _____ at page _____838 May 12 , 19 _78 , Lot 96, MOYINA, in the County of Klamath, State of Oregon, ç 1 AFR 25 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. DATED: April 24_, 19_84_. STATE OF OREGON, Trustee County of ___Klamath April 24 , 19 Personally appeared the above named _ William, L. Sisemore and, acknowledged the foregoing instrumeni to be his voluntar, act and deed. OFFICIAL Noiary Public for Oregon Mis commission STATE OF OREGON, County of Klamath My commission expires SS. 9 return to: I certify that the within instrument 2-5-85 was received for record on the _26th_ day of April . 19 84 . at 8:36 o'clock A M., and recorded Klamath First Federal 540 Main Street in book M84 on page 6865 or as file/reel number 35949 Klamath Falls, OR 97601 SPACE RESERVED FOR NAME. ADDRESS, ZIP RECORDER'S USE Record of Mortgages of said County. Until a change is requested all tax statements shall be sent to the following address. Witness my hand and seal of County affixed. Evelyn Biehn, County Clerk NAME, ADDRESS, ZIP Recording Officer Fee: \$4.00 By TAmemith _ Deputy