37826

DEED OF RECONVEYANCE

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 KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that

 certain trust deed dated _______ May 5 _____, 19 _82, executed and delivered by __CARRIAGE MOBILE _______

 HOMES, INC.,
 _________as grantor and recorded on ________ May 7 _, 19 _82,

 in the Mortgage Records of _______ Klamath ______ County, Oregon, in book _______ M82 _____ at page _5778 ______,

Lots 12 and 13, Block 3, Tract 1203 COUNTRY VILLAGE, County of Klamath, State of 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.

DATED: ____ <u>June 14</u>, 19<u>84</u>.

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Trustee STATE OF OREGON, County of ____Klamath June 14 Personally appeared the above named _ William L. Sisemore _ and acknowledged the foregoing instrument to be his voluntary act and deed. Beforevine STATE OF OREGON. WEFFICIAL CATIL SS. County of __Klamath SEAL) Notary Public for Oregon I certify that the within instrument My commission expires was received for record on the <u>18</u> day of ______19 _, <u>19_84</u> day of <u>June</u>, 19 <u>June</u>, 19 <u>June</u>, at <u>11:27</u> o'clock <u>AM.</u>, and recorded After recording return to Certified Mortgage Co. in book <u>M84</u> on page <u>1014</u>2r as SPACE RESERVED 803 Main St., Suite 103 file/reel number <u>37826</u> FOR Klamath Falls, Or. 97601 NAME ADDRESS, ZIP RECORDER'S USE Record of Mortgages of said County. Witness my hand and seal of County affixed. Until a change is requested all tax statements shall be sent to the following address. Evelyn Biehn County Cler Recording Öfficer NAME, ADDRESS, ZIP By Then Deputy Fee: \$4.00