## FORM No. 887—Oregon Trust Deed Series—TRUSTEE'S DEED OF RECONVEYANCE: STEVENS-NEES LAW PUBLISHING CO., PORTLAND, OF ATC 28580 S OA APTAME

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ÓĀ	/3 **** /*** / ***	DEED OF RE	CONVEYANG	CE VOI.	75Lage_		11
	KNOW ALL MEN BY THESE	- PROENTS T	rhat the und	lersigned truste	ee or successor	trustee under that	
	KNOW ALL MEN BY THESE ertain trust deed dated March	22 PRESENTS, 1	1985 , execu	ited and delive	ered by JONN	25 1985	
C	ertain trust deed dated	a	es prantor and	d recorded on .		м85 at	ìl .
	KNOW ALL MEN BY THESE ertain trust deed dated March n the Mortgage Records of K1	amath	.County, Ore	gon, in book/i	XXXX	(indicate which),	
i	n the Mortgage Records of K1 n the Mortgage Records of K1 oage 4327, or as XXXXX	ohnakan kerka	natority/alieroi	rasser <del>un wie die hebelde heb</del> '			
F	page	d county describe	u as roriows.				
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							$\parallel$
							₩.
	*	•					
							<b> </b>
			With the Property	ON ON REVERSE SIN	)E)		
	having received from the beneficiary	SPACE INSUFFICIENT, CON	NTINUE DESCRIPTI	ten remest to	reconvey, reciti	ing that the obligation	on
$\parallel$		1 and trust	t deed a writi	ten request to	1000111-577	and convey, but wit	ite
	having received from the beneficiary secured by said trust deed has been out any covenant or warranty, expre	ss or implied to t	the person of	r persons lega	lly entitled the	stero, an or the este	
	t covenant of warranty		icoc hy VII	Title Of Said ***			11
3	held by the undersigned in	and subspecies the	e context her	reof so require	es, the masculi	ne gender includes i	
	In construing this instrument feminine and neuter and the singula	and whenever the ar includes the pa	lural.				· is
H							
- 11	feminine and neuter and the singular feminine and neuter and the singular states of the singular states of the singular states of the states o	, the undersigned rporate name to	be signed a	ind its corpore	ate seal to be	unitada Herediko by	
==	a corporation, it has could be a corporation.	by order of its B	Board of Dir.	eciors.	, f. me	, Inc.	
E E			As	spen Title	e a Escrov	Jane.	11
į'	DATED: April 4	RANTEE THAT A	ANY		HA	m	
ئو ئو	THIS INSTRUMENT DOES NOT GOT	OF THE PROPER	SLE CO			reon Managar	:
~	THIS INSTRUMENT USE MAY BE MADE PARTICULAR USE MAY BE MADE DESCRIBED IN THIS INSTRUMENT CHECK WITH THE APPROPRIATE CHECK WITH THE	CITY OR COUN	SES. b	y Andrew	A. Pattei	rson, Manager	
	DESCRIBED IN THE APPROPRIATE CHECK WITH THE APPROPRIATE PLANNING DEPARTMENT TO VERI			•	1 rustee		
	have it a corporation,			OPECCT -	nty of	) ss.	ı.
	use the form of Daniel	)	STATE OF	OREGON, Coun	., 19		and
	STATE OF OREGON, Klamath	ss.	Persor	nally appeared		who, being duly s	worn,
	April 4 , 19	85			ناه و .	id say that the former	is the
		ad	each for hin	for himself and not one for the other, the say that the latter is the			
	Personally appeared the above nam						antion !
	Andrew A. Patterson,	Inc.			the foregoing ins	strument is the corporal	te seal
	Il ''' and acknowledged the	10106-1	and that the	ne sear attixed to poration and tha	t said instrument	strument is the corporal was signed and sealed poard of directors; and e s voluntary act and dee	each of
	ment to be his volunt	tary act and deed.	half of said	owledged said in	strument to be its	s voluntary net and	
	11 A	Mr.		ore me:			FICIAL EAL)
	COFFICIAL POLICIA OL	muniou	~~~	blic for Oredon			moration,
	SEALD: Notary Public for Orego	on 2 - 27 - 85		iblic for Oregon dission expires:		(If executed by a con affix corpor	rate seal)
	My commission expires .	14-21-03	wy comn				,
					STATE OF O	REGON, Klamath	ss.
					County of	that the mithin inch	ument
	5.	) ADDRESS			I certify	that the within instr	Luay
	GRANTOR'S NAME AND	_ ,,,,,,,,,,,,			. 100	rii	1 7 T. T ,
	and the second s	A the second of					
	and the second of the second o	A A Proposition	,,	PACE RESERVED	in book/reel/	volume No	/instru-
	GRANTEE'S NAME AND	U ADDRESS		FOR	page492	ilm/reception No	7475.,
	John Lundberg			RECORDER'S USE	m d of Mi	ortonnes of Salu Cou.	
					Witne	ess my hand and	seal of
	P.O. Box 7448  Klamath Falls OR	97.601			County affix	red.	
	NAME, ADDRES	hall be sent to the fallowin	ng address.		Evelyn Bieh	nn, County Cleri	title
	the sharps is requested all fax statements a		l,			11 . 4.1	11166

Fee: \$5.00

NAME, ADDRESS, ZIP