51227   **DEED OF RECONVEYANCE**   **Vol. M85 Page 11394**

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated _____ September 7 ____ , 19 76 , *executed and delivered by* GARY D. FAIRCHILD and DEBORAH J. FAIRCHILD, his wife, *as grantor and recorded on* _____ September 7, 19 76 , *in the Mortgage Records of* ____ Klamath ____ *County, Oregon, in book* M76 *at page* 13950 , *conveying real property situated in said county described as follows:*

> That portion of the SE¼NW¼ of Section 5, Township 39 South, Range 9 East of the Willamette Meridian, described as follows:
>
> From a point 1564 feet East of the Southwest corner of the NW¼NW¼ of Section 5, Township 39 South, Range 9 East of the Willamette Meridian; running thence South 380 feet; thence East 105 feet to the true point of beginning thence North 150 feet; thence East 50 feet; thence South 150 feet; thence West 50 feet to the point of beginning,

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: _____ July 18 , 19 85 .   *William L. Sisemore*

                                   Successor   Trustee

STATE OF OREGON,   } ss.
  County of ____ Klamath ____
          July 18 , 19 85 .

Personally appeared the above named _____
William L. Sisemore
_____ *, and acknowledged the foregoing instrument to be his voluntary act and deed.*

Before me:
(OFFICIAL SEAL)
  Notary Public for Oregon
  My commission expires ____ 2-5-89 ____

After recording return to:
Klamath First Federal S+L
540 Main
Klamath Falls OR 97601
                   NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

_____
_____
_____
                   NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,   } ss.
  County of ____ Klamath ____
  I certify that the within instrument was received for record on the 18th *day of* ____ July ____ , 19 85 , *at* 1:53 *o'clock* P. *M., and recorded in book* M85 *on page* 11394 *or as file/reel number* 51227 , *Record of Mortgages of said County.*
  Witness my hand and seal of County affixed.

  Evelyn Biehn, County Clerk
                   Recording Officer
  By *Pam Smith* Deputy

                   Fee: $5.00