58607

DEED OF RECONVEYANCE

4.

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated _______September 21, 19 84, executed and delivered by <u>GOLDIE BEATRICE</u> <u>ADKINS, an estate in fee simple</u> as grantor and recorded on <u>September 21, 19 84</u>, in the Mortgage Records of <u>Klamath</u> County, Oregon, in book <u>M84</u> at page <u>16466</u>, conveying real property situated in said county described as follows: (beneficiary's interest thereafter assigned by instrument recorded in Vol. M84 at page 16468)

Lot 10, Block 4, STEWART, 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.

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

DATED: _

CA

hellin

Trustee

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING ACCEPTING THIS INSTRUMENT, THE PERSON ACOURING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

February 26 , 19 86 .

STATE OF OREGON,	
County of Klamath	
Bebruary 26 . 19 86.	
Personally appeared the above named	
CTP William J. Sisemore	
er C and acknowledged the foregoing instru-	
ment to be his voluntary act and deed.	
SEAL	
SEAL SEAL	
Notary Public for Oregon	
My commission expires <u>2-5-89</u>	
Al	
After recording return to:	
	SPACE RESERVED
	FOR RECORDER'S USE
	NECONDER 3 USE
NAME, ADDRESS, ZIP	
Until a change is requested all tax statements shall be sent to the following address.	
Certified Mortgage Co.	

803 Main St.,, Suite 103 Klamath Falls, Or, 97601 NAME, ADDRESS, ZIP

Fee: \$5.00

STATE OF OREGON, County of _ Klamath I certify that the within instrument was received for record on the 26th day of ____ February _____. 19 ____86 at 2:51 o'clock P. M., and recorded in book <u>M86</u> on page <u>3275</u> or as 58607 file/reel number ___ Record of Mortgages of said County. Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk Recording Officer 🖌 Deputy