-13640 Vol. M& Page 5881 DEED OF RECONVEYANCE 60029 conveying real property situated in said county described as follows: Lot 25, Block 1, TRACT NO. 1116, SUNSET EAST, in the County of Klamath, State of Oregon, с С 1 1 1 2 c 000 111 having received from the beneficiary under suid 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. William April 8 , 19 86 . DATED: \_ THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DES CRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LANS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUME NT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHEIX WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TC VERIFY APPROVED USES. Trustee STATE OF OREGON. County of Klamath \_ 19 80 April 8 Personally appeared, the above named \_ William E. Sisemore and acknowledged the foregoing instru-STATE OF OREGON. meni to be his voluntary act and deed. County of \_\_\_\_Klamath I certify that the within instrument OFFICIAL LAUA was received for record on the 9th day of <u>April</u>, 19<u>86</u>, at <u>11:06</u> o'clock <u>A</u> M., and recorded SEAL) Notary Public for Oregon 2-5 My commission expires \_ in book <u>M86</u> on page <u>5881</u> or as 60029 SPACE RESERVED file/reel number \_ FOR Record of Mortgages of said County. ----RECORDER'S USE Witness my hand and seal of anoth fell, de - 9760 8\_\_\_\_\_ County affixed. Evelyn Biehn, County Clerk is requested all tax statements shall be sent to the fo **Recording Officer** ٠ŀ By Jon, Smith 2 Deputy NAME ADDRESS ZIP Fee: \$5.00