#01-41211

63055

-20

8 Nn <u>3</u>

. 0

M/T 16513 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that trust deed dated ______ May 23 ____, 19 77, executed and delivered by <u>ROBERT C. MOAT</u> MARY D MOAT big wife Vol. M& Page 11242 certain trust deed dated ____ certain trust accounted and accounted on _______ and MARY D. MOA'L, his wife, ______ as grantor and recorded on _______ May 23 ______, 19 ______, in the Mortgage Records of _______ Klamath ______ County, Oregon, in book _______ at page _______8951 19<u>77</u>, Lot 2 in Block 13 of FOURTH ADDITION TO WINEMA GARDENS, \sim 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 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: _ June 25 , 19 86 . THIS INSTRUMENT WILL NOT ALLOW USE OF "HE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUAWS AND PERSOLATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUAWS AND THE APPROVED USES. STATE OF OREGON, Successor Trustee County of ___Klamath June 25 Personally appeared the above named William L. Sisemore and acknowledged the foregoing instru----- 14 ment to be his toluniary act and deed. POFFICIAL CONVERSE MAL STATE OF OREGON, · Notary Public for Oregon **)** ss. County of _ My commission expires _ Klamath I certify that the within instrument received for record on the 26th 2--5-89 wrn joj Mr. William C. Hatcher-10100 1 81 H Gre SPACE RESERVED Peoria, AZ 8345 FOR RECORDER'S USE Record of Mortgages of said County. NAME, ADDRESS, ZIF Witness my hand and seal of tij a change is requested all tax statements shall be sent to the following address. County affixed. Evelyn Biehn, County Clerk **Recording** Officer NAME, ADDRESS, ZIP By LAM Fee: \$5.00 Smi Deputy