63062

OI- 41414

DEED OF RECONVEYANCE

11250

C 38595

K,

Vol.<u>M&_</u>Page_ KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated ____ November 22, 19 77, executed and delivered by _____WILLIAM F. PEDBER and JUDITH V. PEDDER, his wife, as grantor and recorded on ______ in the Mortgage Records of ______ Klamath _____ County, Oregon, in boo in the Mortgage Records of _____ November 22. 19 77_, ____ County, Oregon, in book _____7 conveying real property situated in said county described as follows: ___ at page <u>____22754__</u>,

> All that portion of Government Lot 1 in Section 4, Township 35 South, Range 7 East of the Willamette Meridian, lying Easterly of State Highway No. 422, Klamath County, 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: _

<u>June 25</u>, 19<u>86</u>.

Willia: 2

Truston

Deputy

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLIC/ BLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACCOURING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNIN() DEPARTMENT TO VERIFY APPROVED USES.

STATE OF OREGON. County of Klamath June 25, 19		
Personally appeared the above named William L. Sisemore and acknowledged the foregoing instru- ment to be his valuntary act and deed. (OFFICIAL Correction France Section France Section Section France Section France Section Section France Section Fra		STATE OF OREGON, County of <u>Klamath</u>
Atter recording return to: My commission expires 2-5-89 Atter recording return to: <u>Klamath First Federal</u> <u>Syo Main</u> <u>Klamath Falls, OR 97601</u> NAME, ADDRESS, ZIP Juntil a change is requested all tax statements shall be sent to the following address.	SPACE RESERVED FOR RECORDER'S USE	I certify that the within instrument was received for record on the 27th day of
NAME, ADDRESS, ZI?	\$5.00	Evelyn Biehn, County Clerk Recording Officer By Am Am Ah. Denuty