Z	#04-12873	Aspen 29	ngcs		
	63964		<u></u>		
		BY THESE PRESEN	D OF RECONVEYANCE TS, That the undersigne 9_, 19_85_, executed grantor and recorded on County, Oregon, red as follows:	d trustee or succes	Page 12894 sor trustee under that MAYNARD R. BARTEL tember 11, 19 85, at page 14638,
			ITION TO MOYINA, in		

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 15_, 19_86_. THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WIT THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

STATE OF OREGON.

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Trustee

County of ____Klamath July 15 . 19 80 Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary, act and deed. COFFICIAL SEALS STATE OF OREGON, LI Notary Public for Oregon **SS**. County of _ Klamath I certify that the within instrument was received for record on the $\frac{23rd}{1}$ Totoming regimes day of ______, 19 ____, 19 ____, at 2:50 o'clock P M.. and recorded in book 186 on page 12894 or as file/reel number ______63964 day of ______ at _2:50 6740 Milbert SPACE RESERVED IClamati, Falls OR 9760, FOR Record of Mortgages of said County. RECORDER'S USE NAME, ADI RESS, ZI Witness my hand and seal of inge is requested all tax statements shall be sent to the following address. County affixed. Evelyn Biehn, County Clerk **Recording Officer** NAME, ADDRESS, ZIP By LAn Fee: \$5.00 _ Deputy