

L# 04-42111

K/c K39969

80622

DEED OF RECONVEYANCE

Vol. M87 Page 18915

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated April 23, 19 84, executed and delivered by E. RONALD ISAKSON and ALICE M. ISAKSON, husband and wife as grantor and recorded on April 23, 19 84, in the Mortgage Records of Klamath County, Oregon, in book M84 at page 6850, conveying real property situated in said county described as follows:

Lot 5, Block 2, MIRACKE MANOR, 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: October 19, 19 87.

William L. Sisemore

Trustee

STATE OF OREGON,

County of Klamath
October 19 87

Personally appeared the above named
William L. Sisemore

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:
(OFFICIAL SEAL) William L. Sisemore
Notary Public for Oregon
My commission expires 8/2/91

WILLIAM L. SISEMORE
NOTARY PUBLIC-OREGON
My Commission Expires 8-2-91

STATE OF OREGON,

County of Klamath
I certify that the within instrument was received for record on the 20th day of October, 19 87, at 9:40 o'clock A. M., and recorded in book M87 on page 18915 or as file/reel number 80622, Record of Mortgages of said County. Witness my hand and seal of County affixed.

After recording return to:

Mr. & Mrs. E. Ronald Isakson
3750 Plum Bush Ct
Klamath Falls, OR 97603
NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

Until a change is requested all tax statements shall be sent to the following address.

Evelyn Biehn, County Clerk
Recording Officer

By Ann Smith Deputy

Fee: \$5.00

NAME, ADDRESS, ZIP

04 04 14 14 02 130 130