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## Vol.\_\_\_\_\_\_Page 21948 DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that and Mary K. Orwiler as grantor and recorded on <u>August 17</u>, 19.84, in the Mortgage Records of <u>Klamath</u> County, Oregon, in booky Astronomic No. <u>M84</u> page 14108 or as document? Key ANE/ HARKINE ARY ANE ANTER No. 40127 (indicate which), conveying real property situated in said county described as follows

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(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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 singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by its officers, duly authorized thereto by its Board of Directors. **^** 

DATED: December 19	U.S. Bank of Washington, N.A.
(If executed by a corporation, dfix corporate seci.). (If the trustee who signs above is a corporation, use the form of acknowledgement opposite.) STATE OF OREGON, County of	Deborah Gaskins - Administrative Officer Trustee STATE OF OREGON; County of Washington }ss. This instrument was acknowledged before me on December 19 1988, by Deborah Gaskins 10 / 0 1988, by Deborah Gaskins 10 / 0 as Administrative Officer of U.S. Bank of Washington INLA: To information of the state of the
My commission expires:	My commission expires: J-1-89
GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS After recording return to: Mountain Title Company PO Box 5017 Klamath Fall, OR 977601 NAME: ADDRESS, 219 Junil o change is requested all fax statements shall be sent to the following add	STATE OF OREGON, County ofKlamath I certify that the within instrument was received for record on the221thday of
	Evelyn Biehn, County_Clerk