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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated November 20, 19.87, executed and delivered by page ________, or as document/fee/file/instrument/microfilm-No. ____81880______ (indicate which), conveying real property situated in said county described as follows:

Lot 12 and the North 12 of Lot 11, Block 14, Chelsea Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

(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

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of Directors:		KLAMATH COUN	TY TITLE COMPANY
11 1 March 1 ,19 89			
DATED		$_{\rm By}$. $/ < $	Llean
	. •	V_V	President
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(If executed by a corpordition affix-corporate seals)			Trustee
			43 do
(If the frustee who signs above is a corporation, use the form of acknowledgment opposite.)	L STAT	E OF OREGON,	93 ss.
STATE OF OREGON, S. Ss.	3171	unty of Klama	th Table
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County of			
This instrument was actionized	19.0	Presi	dent 14449A
	as		mi-lo Company
	of I	KlamathCounty	Title Company
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	OD.	Dia Milite	(SEAL)
Notary Public for Oregon		ry Public for Oregon	$\Rightarrow \omega$
111 124	Myc	commission expires:	12-19-92
(SEAL) My commission expires:			
	1		STATE OF OREGON, ss.
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GRANTOR'S NAME AND ADDRESS			ties record on theISLuay
GRANTOR'S NAME AND ADDITED	1		
The state of the s			of
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		SPACE RESERVED in book/reel/volume 1vo.	
GRANTEE'S NAME AND ADDRESS		FOR	page3606 or as fee/file/instru-
After recording return to:	nickert	RECORDER'S USE	/iorofilm/reception IVO
Thomas C. Dicket and Gaic R.		•	= 1 - 1 Mort dodes Of Silid County.
P.O. Box 966			Witness my hand and sear of
Klamath Falls, OR 97601			County affixed.
Until a change is requested all tax statements shall be sent to the following address.			Evelyn Biehn, County Clerk.
Uniti d Samuel			By Audeni Mullendere Deputy
			By Muslime Trucundent Deputy
	,	Fee \$8.00	
NAME, ADDRESS, ZIP			