* 090 03-11439 A:pen 010 33586 Vol. mg Page 16310 4628 E I ID OF BECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed duted ______November 16 ______, 19 78 , executed and delivered by CHARLES A. JACOBI and MILDRED T. JACOBI, husband & wife as grantor and recorded on ______December 4 ______778 _____27242 Klamath M78 at page 27242 in the Mortgage Records of ____ ____ County, Oregon, in book ____ conveying real property situated in said county described as follows: Lots 13, 14, 15, and 16, Block 28, MOUNTAIN VIEW ADDITION TO THE CITY OF KLAMATH FALLS, 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 WHERE OF, the undersigned trustee has executed this instrument.

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August 28 19 89 DATED: Trustee STATE OF OREGON. klamith County of August 28 ment to be fills voluntary act and deed. STATE OF OREGON. OFFICIAL <u>Le cu fican an</u> INodern Fugisie for Oregon County of _Klamath I certify that the within instrument was received for record on the 30th My communitor expires _ 8/2/91 out day of _ Aug. _, 19<u>89</u> at 3:53 _ o'clock P. M., and recorded 01 m/m Charles Jacobi in book <u>M89</u> on page <u>16310</u> or as SPACE RESERVED file/reel number ____ 4628 Benson FOR Record of Mortgages of said County. RECORDER'S USE Fails OR 47601 KIGNIGH Witness my hand and seal of County affixed. Evelyn Biehn, County Clerk **Recording Officer** By Content Mullendare Deputy NAME, ADDI ISS, 21 Fee \$8.00