L#090-09-13473 M/T 1870/ 7390 Vol. <u>m89</u> Page **21249** DEED OF RECONVEYANCE KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that a trust deed dated ______October 30_____, 1987_, executed and delivered by THOMAS M. SHAW, a le man_______as grantor and recorded on ______October 30_____, 19 87_, certain trust deed dated single man Klamath in the Mortgage Records of _____ conveying real property situated in said county described as follows: Lot 3, Block 12, SIXTH ADDITION TO SUNSET VILLAGE, according to the official plat thereof on file in the office of the County Clerk of Klamath County, 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. millen 2 19⁸⁹ November 1 DATED: Trustee STATE OF OREGON. Klamath County of <u>KLama</u> <u>November 1</u> Jand schnowledged the foregoing instru-STATE OF OREGON, \$8. ment to be his voluntary abt and deed. OFFICIAL SEAR usemore was received for record on the <u>3rd</u> ____, 19 89___. Notary Public for Oregon Nov. day of ____ at 2:41 o'clock A. M., and recorded 8/2/91 My, commission expires _ in book <u>M89</u> on page 21249 or as file/reel number <u>7390</u> SPACE RESERVED Her recording verticities Shano Thomas Shano 3953 Rio Vista Klomoth Falls, OR Record of Mortgages of said County. FOR Witness my hand and seal of RECORDER'S USE 0R97003 County affixed. NAME. ADDRESS. ZIP Evelyn Biehn, County Clerk. change is requested all tax statements shall be sent to the follow **Recording Officer** By Qouline Mullindore Deputy NAME, ADDRESS, ZIP Fee \$8.00

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