DEED OF RECONVEYANCE

	that
KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under a Control of the successor trustee under the successor	D
MONICA D WEDAM HIJSRAND AND WIFE	.07,
KI AMATH County Oregon in book/reel/volume No	at
in the Mortgage Records of	ich),
conveying real property situated in said county described as follows:	

LOT 26 OF VALLEY VIEW, 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 corporation, it has caused its name to be signed and of Directors.	ned trustee has executed this instrument; if the undersigned is a lits seal affixed by its officers, duly authorized thereto by its Board
DATED: February 5,1990	WILCIAM P. BRANDSMESS. TRUSTEE
(If executed by a corporation, affix corporate seal.)	
[If the trustee who signs above is a corporation use the form of acknowledgment appealie.] STATE OF OREGON, County of KLAMATH This instrument was acknowledged before me on February 5, 19,90, by SWIELIAM P. BRANDSNESS Notary Public for Oregon (SEAL) 3My commission expires: 9/16/93	Trustee STATE OF OREGON, County of This instrument was acknowledged before me on 19, by as of Notary Public for Oregon My commission expires: (SEAL)
GRANTER'S NAME AND ADDRESS SOUTH VALLEY STATE BANK GRANTER'S NAME AND ADDRESS After recording return fo: SOUTH VALLEY STATE BANK 801 MAIN STREET KLAMATH FALLS OR 97601 NAME, ADDRESS, 21P Until a change is requested all fax statements shall be sent to the following of	STATE OF OREGON, County of

Fee \$8.00

NAME ADDRESS, ZIP