010-04-42133

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90 MAY

DEED OF RECONVEYANCE

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MTC 23425

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated <u>August 7</u>, 1984, executed and delivered by <u>DEBRA ANN JOHNSON</u>

as grantor and recorded on ______August 15_, 19 84_. in the Mortgage Records of ______Klamath _____County, Oregon, in book _____M84 ___at page 13996 . conveying real property situated in said county described as follows:

Lot 9, Block 37, HOT SPRINGS ADDITION to the City of Klamath Falls, according to the 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. May 2 19 90 DATED: Trustee STATE OF OREGON, County of ___Klamath May 2 Personally appeared the above named Willfam L. Sisemore 13 - and acknowledged the foregoing instru ment to be his poluntary act and deed. STATE OF OREGON. OFFICIAL SEAL Notary Public for Oregon \$\$. isemere County of <u>Klamath</u> I certify that the within instrument 8/2/91 was received for record on the _7th My commission expires day of _ May , 19 90 at 3:39 o'clock P.M., and recorded in book <u>M90</u> on page <u>8650</u> or as SPACE RESERVED file/reel number ___ 14547 FOR RECORDER'S USP Record of Mortgages of said County. 1760 Witness my hand and seal of NAME, ADDRESS, ZIP County affixed. at to the fe Evelyn Biehn, County Clerk **Recording Officer** NAME, ADDRESS. ZI By Quilline Mullenaldre Deputy Fee \$8.00