14651

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DEED OF RECONVEYANCE

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> Lot 7, Block 1, Tract 1044, WEMBLY PARK, 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 u | undersigned trustee has executed th | nis instrument. | |
|---|--|---------------------------------------|---------------------------------------|
| DATED: May 3 , 19 | 9 <u>90</u> . mil | lan 2 Deser | |
| 그리고 하는 생생이 그리는 그렇게 | 과 하게 되는 사람들이 하는 것이 되었다. 그 기계하는 사람 속 보는 하는 이 사람들이 있다. 이 기계를 하는 것을 하나요? | | |
| | | Trustee | · · · · · · · · · · · · · · · · · · · |
| | | | |
| STATE OF OREGON, | 55. | | |
| County of Klamath May 3 19 90 | | | |
| | 보이 된다. 중요한 가능하다 되었다 | | |
| Personally appeared the above named | * | | |
| WILLIAM I. SISEMOTE | oing instru- | | |
| nent'to he his poluntary act and deed. | | STATE OF OREGON, | • |
| Carried of | 원생들 프라이트 발표되는 그는 | | > 55. |
| OFFICIAL EXECUTOR, Fals | <u>ug</u> | County of Klas I certify that the wi | math |
| SEAL) Notary Public for Oregon | | was received for record | on the 9th |
| My commission expires 2-5- | -93 | day ofMay | , 19 <u>90</u> , |
| After recording return to: | | at 1:54 o'clock P. M | |
| mlm Steven Metz | SPACE RESERVE | file/reel number14 | |
| HC 64 BOX 8 | POR RECORDER'S US | Record of Mortgages of s | aid County. |
| Pierce TO 835 46 | | Witness my hand | and seal of |
| NAME, ADDRESS, 217 | | County affixed. | |
| Lintil a change is requested all tex statements shall be sent to th | ne following address. | Evelyn Biehn. | County Cleri |
| | | | ecording Officer |
| | | B. Qauline Mul | and Ma Denut |
| NAME, ADDRESS, ZIP | | by Summer I will | Canal Care Care |