## 090-09-13659

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## DEED OF RECONVEYANCE

MTC 23679

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10903

KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated \_\_\_\_\_October 17\_\_\_\_\_, 19 <u>88</u>, executed and delivered by LYNN LEE HESCOCK & ROBYN A. HESCOCK, husband & wife \_\_\_\_\_as grantor and recorded on \_\_\_\_\_October 21\_\_\_\_, 19 <u>88</u>, in the Mortgage Records of \_\_\_\_\_\_Klamath \_\_\_\_\_County, Oregon, in book <u>M88</u> at page <u>17742</u>.

Lot 6, Block 3, MAZAMA GARDENS, in the County of Klamath, State of Oregon Tax Acct. No. 3909-10DD-2500 Key No. 546724

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.

Willia June 4 19 90 DATED: Trustee STATE OF OREGON, County of June 4 Klamath and acknowledged the foregoing instruhis voluntary act and deed. ent to be STATE OF OREGON, ....Before 1 ciep OFFICIAL County of \_\_\_\_Klamath **⊥)**./∛× \_\_\_\_\_\_ I certify that the within instrument Notary Public for Gregon was received for record on the \_\_6th\_ 8/2/91 My, commission expires . June day of \_ \_, 19 <u>90</u>\_ at \_2:02\_ o'clock \_P M., and recorded in book <u>M90</u> on page <u>10903</u> or as Hescor SPACE RESERVED file/reel number \_\_\_\_ 15801 FOR Record of Mortgages of said County. RECORDER'S LISE Witness my hand and seal of AME, ADDRESS, ZI County affixed. ents shall be sent to the following address. Evelyn Biehn, County Clerk **Recording Officer** By Quelene Mullende le Deputy NAME, ADDRESS, ZIP Fee \$8.00 Ï