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16299　　　　　DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated _____January 28_____, 19 87, executed and delivered by _Carlos A. Becerra_ _and Sharon Becerra, Husband and Wife_ as grantor and recorded on _____February 3_____, 19 87, in the Mortgage Records of _____Klamath_____ County, Oregon, in book/reel/volume No. _____M87_____ at page _1683_, or as document/fee/file/instrument/microfilm No. _____71004_____ (indicate which), conveying real property situated in said county described as follows:

Lot 4, Block 6, Tract 1149 LaWanda Hills #2 in County of Klamath, State of 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 trustee has executed this instrument; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by its officers, duly authorized thereto by its Board of Directors.

DATED: _____June 14_____, 19 90.

X _William P. Brandsness_

William P. Brandsness

_____

Trustee

(If executed by a corporation, affix corporate seal.)

(If the trustee who signs above is a corporation, use the form of acknowledgment opposite.)

STATE OF OREGON, } ss.
County of ____Klamath____

This instrument was acknowledged before me on June 14, 19 90 by WILLIAM P. BRANDSNESS

signature
Notary Public for Oregon
(SEAL)　My commission expires: 9/16/93

STATE OF OREGON, } ss.
County of _____

This instrument was acknowledged before me on _____, 19____, by _____ as _____ of _____

_____
Notary Public for Oregon　　(SEAL)
My commission expires:

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:
South Valley State Bank
801 Main Street
Klamath Falls, OR 97601
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address:

_____
NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of ____Klamath____
I certify that the within instrument was received for record on the 15th day of _____June_____, 19 90, at 11:43 o'clock A.M., and recorded in book/reel/volume No. M90 on page 11758 or as fee/file/instrument/microfilm/reception No. 16299, Record of Mortgages of said County.
Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk.
NAME　　　　　　　TITLE
By _signature_ Deputy

Fee $8.00