090-09-12564

22035

DEED OF RECONVEYANCE

Vol. mg0 Page 21828

KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated ______ December 29 ______, 19 <u>83</u>, executed and delivered by <u>BRUCE W. PRICE and</u> JAN L. PRICE, husband & wife ______ as grantor and recorded on ______ December 30 ______ 19 <u>83</u>, in the Mortgage Records of ______ Klamath ______ County, Oregon, in book _______ M83 _____ at page ______ 22260 , conveying real property situated in said county described as follows:

Lot 38 and the Westerly 14 feet of Lot 37, TOGETHER WITH the North 1/2 of vacated alley which inured thereto, ROSELAWN, 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 undersigned trustee has executed this instrument.

Willin 2 October 30 . 19 90. DATED: _ Trustee STATE OF OREGON. County of _Klamath October 30 and acknowledged the foregoing instru-STATE OF OREGON. ment to be his voluntary act and deed. OFFICIAL - The work hernen Klamath County of <u>Klamath</u> I certify that the within instrument SEAL was received for record on the <u>31st</u> day of ______ Oct. ____, 19 90, at _10:27 o'clock A M., and recorded My commission expires 8/2/91 in book <u>M90</u> on page <u>21828</u> or as SPACE RESERVED 22035 file/reel number ____ FOR Record of Mortgages of said County. RECORDER'S USE Witness my hand and seal of XЬ ADDRESS, Z County affixed. Until a change is requested all tax statements shall be sent to the following address. Evelyn Biehn, County Clerk **Recording Officer** By Cautine Muilindore Deputy NAME ADDRESS, ZIP Fee \$8.00

5° 0