H

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| 23256   |         | That the undersigned  | trustee or successor t | rustee under that |
|---|---------|---|------------------------|-------------------|
| KNOW ALL MEN BY THE certain trust deed datedAugust. Darle Runnels in the Mortgage Records of, or as docu conveying real property situated in the conveying real property. | Klamath | as grantor and recorde<br>County, Oregon, in bo<br>ument/microfilm No | d on August            | M89 at            |

Lot 10 in Block 45 of First Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, 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 an officer or other person duly authorized to do so by its Board of Directors.

| do so by its Board of Directors.  |                       | KLAMATH COUNTY TITLE COMPANY |  |                       |             |  |
|---|-----------------------|------------------------------|--|-----------------------|-------------|--|
| December 3, ,19 90  |                       | KLAMAIH                      |  |                       |             |  |
| DATED:  |                       | Ву:                          | · Ore                                  | <u> </u>              |             |  |
| Commence of the second  |                       |                              | Presi                                  | ient                  |             |  |
| (If executed by a corporation)  | •                     |                              | Trustee                                |                       |             |  |
| (If the trustee who signs above is a corporation, use the form of acknowledgment opposite.)   | STAT                  | E OF OREGON,                 |  | )<br>) ss.            |             |  |
| STATE OF OREGON, Ss.  |                       |                              | math                                   | )                     |             |  |
| County of   | This is               | nstrument was ackno          | wledged before me on                   | December 3,           | - 11        |  |
| This instrument was acknowledged below into   | 19.90                 | 20. by                       |  |                       |             |  |
| , 19, by  | as                    | Presid                       | ent Title Com                          | pany                  | .           |  |
| THE TAXABLE PARTY OF THE PARTY | of                    | Klamath Cor                  | // / / / / / / / / / / / / / / / / / / |                       | •           |  |
| THUSE POBLET  |                       | ( ) XII (II)                 | Jurant                                 |                       | -           |  |
| NOTARY PUBLIC - UREGUN  | Nota                  | ry Public for Oregon         |  | (SEAL                 | <b>)</b>    |  |
| (C) My Commission Expires Notary Public for Oregon  | 36                    | ommission expires:           | 9/30/93                                | ·                     | . 11        |  |
| (SEAL) My commission expires:   | l Myc                 | Ommussion or p               |  |                       |             |  |
|   |                       |                              | STATE OF ORI                           | EGON, ss              |             |  |
|   |                       |                              | A                                      | Klamatii              | 11          |  |
|   |                       |                              |  |                       | t           |  |
| GRANTOR'S NAME AND ADDRESS  | \ \                   |                              |  |                       |             |  |
|   |                       |                              |  |                       |             |  |
|   |                       |                              |  | ock RM., and recorded |             |  |
| ADDESS  |                       | SPACE RESERVED               |  |                       |             |  |
| GRANTEE'S NAME AND ADDRESS  | FOR<br>RECORDER'S USE | page4.2.7.1.9                | /reception No. 23256                   | ٠.,                   |             |  |
| After recording return to:  Algoma Heating & Air Conditioning   | z –Don                | RECORDER 5 USE               | - 1 - 1 Mort                           | dades of Said County. |             |  |
| P.O. Box 1408   |                       |                              | Witness                                | my hand and seal o    | ρf          |  |
| Vienath Falls, UK 2/004   |                       |                              | County affixed                         | •                     |             |  |
|   |                       |                              |  |                       |             |  |
| Until a change is requested all tax statements shall be sent to the following   | ng dadress.           |                              |  | thn, County Clerk     |             |  |
|   |                       |                              | By Daukar                              | Mullende Depu         | ty          |  |
| NAME, ADDRESS, ZIP  |                       | Fee \$8.00                   |  |                       | <del></del> |  |
|   |                       |                              |  |                       |             |  |