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FORM No. 887-Oregon Trust Deed Series-

K-33737 DEED OF RECONVEYANCE

TRUSTEE'S DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that page ____21139 _____, or as document/fee/file/instrument/microfilm No.______ (indicate which), conveying real property situated in said county described as follows:

HING CO., PORTLAND, OR 9720

Vol. ma | Page 924 🕀

West half of the NE¹4 of the NW¹4 of Section 28, Township 36 South, Range 10 East of the Willamette Meridian.

(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, seil 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 5 . 2

DATED. January 14	KLAM	ATH COUNTY TITLE COMPANY
	By: D	20 Leave,
	*******	President
STATE OF OREGON, Count Fhis-instrument was-ad	ty of <u>Klamat</u> knowledged_before	<i>Trustee</i> h) ss. <u>e-me-on19</u>
This instrument was ac by <u>R.E. Veatch</u> as <u>President</u> of <u>Klamath County T</u>		me onJanuary 14, 1991,
TRUDIE DURANT NOTARY PUBLIC - OREGON	My commissio	Notary Public for Oregon n expires 9/12
GRANTOR'S NAME AND ADDRESS		STATE OF OREGON, County ofKlamath}ss. I certify that the within instrument was received for record on the .14th. day ofJan, 1991,
GRANTEE'S NAME AND ADDRESS fier recording return to: Imogene Miles	SPACE RESERVED FOR RECORDER'S USE	at3:59
3600-Lomita-Blvd-Suite-100 Torrance, CA-90504 NAME, ADDRESS, ZIP		
til a change is requested all fax statements shall be sent to the following address. NAME, ADDRESS, ZIP	Fee \$8.00	By Qaulune Muleraley Deputy