090-03-11323 27174 DEED OF RECONVEYANCE Vol.mg/ Page 50C8 KNOW ALL MEN BY THESE PRESENTS. That the undersigned trustee or successor trustee under that certain trust deed dated \_\_\_\_\_\_September 19\_\_\_\_\_, 19 78\_, executed and delivered by VIA S. THROOP and PATRICIA M. THROOP, husband & wife in the Mortgage Records of \_\_\_\_\_Klamath September 19, 1978\_, conveying real property situated in said county described as follows: \_\_ County, Oregon, in book \_\_M78\_ \_\_ at page 20702\_\_ Lot 1, Block 1, Tract No. 1065, IRISH BEND, in the County 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 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. DATED: \_ March 19 Wellem . 19<u>91</u> THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCR IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK V APPROVED USES. Trustee STATE OF OREGON, Klamath County of \_ March 19 ĴĹ. Personally william, L. Sisemore and acknowledged the foregoing instruand arknowleaged iment to be his voluntery dict and deed. Before me STATE OF OREGON, isemere County of \_ Klamath I certify that the within instrument My commission expires 8/2/91 was received for record on the 20th an mary w day of \_ March \_, *19\_*91\_, at 3:22 m \_ o'clock P\_M., and recorded in book <u>M91</u> on page <u>5008</u> or as SPACE RESERVED file/reel number \_\_\_\_\_27174 FOR Oquin NAME, ADDRESS, ZIP RECORDER'S USE Record of Mortgages of said County. Witness my hand and seal of ge is requested all tax statements shall be sent to the following address, County affixed. Evelyn Biehn, County Clerk **Recording Officer** NAME, ADDRESS, ZIP By Qauline Mullindare Deputy Fee \$8.00