**29368**

**DEED OF RECONVEYANCE**

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated _____ July 23 _____, 19 86, executed and delivered by ROBERT E. HALL and JANICE K. HALL, husband & wife _____ as grantor and recorded on _____ July 23 _____, 19 86, in the Mortgage Records of _____ Klamath _____ County, Oregon, in book _____ M86 _____ at page 12901, conveying real property situated in said county described as follows:

Tract 13, VICORY ACRES, in the County of Klamath, State of Oregon, EXCEPTING THEREFROM the South 68 feet.

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.

DATED: _____ May 7 _____, 19 91.

_____
Trustee

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

STATE OF OREGON,
County of _____ Klamath _____ } ss.
_____ May 7 _____, 19 91.

Personally appeared the above named _____
William L. Sisemore
_____ and acknowledged the foregoing instrument to be his voluntary act and deed.
Before me:
OFFICIAL SEAL
_____
Notary Public for Oregon
My commission expires 8/2/91

After recording return to:
M/m Robert E. Hall
1947 Homedale Rd.
KFO 97603

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,
County of _____ Klamath _____ } ss.
I certify that the within instrument was received for record on the 14th day of _____ May _____, 19 91, at 10:20 o'clock A M., and recorded in book _____ M91 _____ on page 9043 or as file/reel number _____ 29368 _____.
Record of Mortgages of said County.
Witness my hand and seal of County affixed.

_____ Evelyn Biehn, County Clerk
Recording Officer
By _____ Deputy

Fee $8.00