34980

MTC 260/8 DEED OF RECONVEYANCE STEVENS-NESS LAW PUB. CO. PORTLAND.

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LOTS 16 AND 17, BLOCK 13, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 1, IN THE COUNTY OF KLAMATH, STATE OF OREGON.

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TAF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

having received from the beneficiary under said trust cleed a written request to recorvey, 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 of persons legally entitled thereto, all of the estate held by the undersigned in and to said described previous 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 its officers, duly authorized thereto by its Board of Directors.

DATED: AUGUST 13 1091 (If executed by a corporation, affix corporate seal.) WILLIAM P BRANDSNESS (If the trustee who signs above is a corpora use the form of acknowledgment opposite.) Trustee STATE OF OREGON. STATE OF OREGON,) 55. County of Klamath County of . This instrument was acknowledged before me on is instrument was acknowledged before me August 13 ..., 19.91, by 10 WILLIAM P BRANDSNESS 1 Notary Public for Oregon (SEAL) (SEAL) My commission expires: 9/16/93 My computation expires: AMIEL ELLIOTT STATE OF OREGON, 55. County of ...Klamath GRANTOR'S NAME AND ADDRUS I certify that the within instrument SOUTH VALLEY STATE BANK of September ,19.91., at .9:50 ... o'clock . A.M., and recorded GRANTEE'S NAME AND ADDRI SPACE RESERVED in book/reel/volume No. ______ on After seconding return FOR page ... 19243 or as fee/file/instru-RECORDER 5 USE ment/microfilm/reception No. 34980., 801 Main Street Record of Mortgages of said County. Witness my hand end seal of NAME, ADDRESS, ZIP County affixed. nge is requested all tax statements ents shall be sa the following Evelyn Biehn County Clerk By Quelone Muliende n Deputy Fees \$ 8.00 NAME, ADDRESS, ZIP